



# PROBABLE CAUSE TESTING FORM (CONFIDENTIAL)



**Instructions:** This form is to be completed to request for a drug and alcohol test whenever it has been observed or an incident has occurred where there is probable cause that an employee is under the influence, or impaired by, or in possession of a prohibited, or illegal substance which may include cannabis and alcohol. The employee's supervisor shall note all pertinent behavior and physical signs and symptoms that led the supervisor to reasonably believe that the employee has recently used or is under the influence or impaired by a prohibited or illegal substance while on duty, or in the workplace or worksite. The supervisor shall complete and checkmark where appropriate, each applicable item and describe any facts or circumstances to warrant probable cause testing. A second observing witness (i.e. employee) is recommended. **The employee to be tested must be escorted to the testing facility by their supervisor or a designated supervisory official. Under no circumstances is the employee allowed to go to the testing facility unsupervised.**

## PART A: EMPLOYEE INFORMATION *(To be completed by Employee's Supervisor)*

Date of Observations/Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Location: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_  
Position Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Section: \_\_\_\_\_  
Observing Supervisor's Name & Title: \_\_\_\_\_  
Witness' Name & Title: \_\_\_\_\_

PROBABLE CAUSE TESTING IS AUTHORIZED IF QUESTIONS 1-3 ARE ANSWERED WITH "YES" Responses to Questions 4 and 5 will determine the type of test(s) to be administered – Drug and/or Alcohol	YES	NO
1) Has some form of impairment been observed in the employee's appearance, actions, and/or work performance, and is it believed to be caused by drugs and/or alcohol?		
2) Is there at least 2 documented observations/warning signs indicated on this form to justify testing? (Exception where 1 indicator is sufficient- directly observed in possession &/or consuming drugs/alcohol on duty, given citation/arrested for drug/alcohol related offense)		
3) Is the impairment and/or observable warning signs current?		
4) Based on Date and Time indicated above, did observations/incident occur within 72 hrs. for a drug test to be conducted? IF YES, A DRUG TEST WILL BE ADMINISTERED. If more than 72 hrs. has elapsed, no test is authorized - document reason for Delay in Part B		
5) Based on Date and Time indicated above, did observations/incident occur within 8 hrs. for an alcohol test to be conducted? IF YES, AN ALCOHOL TEST WILL BE ADMINISTERED. If more than 8 hrs. has elapsed, no test is authorized - document reason for Delay in Part B		

**Drug test will be an unobserved collection.** However, if there is belief that the employee may alter, tamper or substitute his/her urine specimen, the test can be conducted as a **direct observed collection** if justification is provided. Checkmark the box if test is to be conducted under direct observation and provide justification below, otherwise leave blank:

Direct Observation Required:

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART B: REASON FOR DELAY *(To be completed by the immediate supervisor)*

\_\_\_\_\_  
\_\_\_\_\_



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## PART C: PROBABLE CAUSE OBSERVATIONS *(Checkmark where Applicable)*

### A. Observations/Incident (checkmark at least one):

- Observed possession or use of a prohibited and/or controlled substance.
- Observed possession or consumption of alcohol while on the job.
- Observed reporting to work under the influence of a prohibited/illegal substance or alcohol.
- Observed abnormal physical and/or behavioral indicators that suggest the employee may have violated the DFWP
- Arrested, charged, cited, indicted or convicted for a drug-related offense.
- A positive reaction from a drug detection dog to the employee and/or the employee's property.
- Drugs, drug paraphernalia, or alcohol found within employee's possession
- Other: \_\_\_\_\_

\*\*Comments to Support or Explain:

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\*\*\* Instructions: If in subsection A. above: "Observed abnormal physical and/or behavioral indicators that suggest the employee may have violated the DFWP", was checkmarked, please checkmark at least 1 indicator in subsection B. Physical Signs/Symptoms/Indicators AND 1 indicator in subsection C. Behavioral Indicators; OR checkmark 2 indicators in subsection B, OR 2 indicators in subsection C.

### B. Physical Signs/Symptoms/Indicators:

#### WALKING

- Holding on
- Stumbling
- Unable to walk
- Unsteady
- Staggering
- Swaying
- Falling
- Other \_\_\_\_\_

#### FACE

- Red/flushed
- Pale
- Sweaty
- Appears normal
- Slobbering
- Grinding teeth
- Dry mouth
- Runny nose
- Other \_\_\_\_\_

#### SPEECH

- Whispering
- Slurred
- Shouting
- Incoherent
- Silent
- Rambling
- Slow
- Other \_\_\_\_\_

#### BREATH/ODOR

- No alcohol odor
- Faint alcohol odor
- Strong alcohol odor
- Sweet/pungent tobacco odor
- Chemical odor
- Marijuana odor
- Breath spray/mouthwash
- None  Gum
- Mints  Candy
- Other \_\_\_\_\_

#### STANDING

- Swaying
- Feet wide apart
- Rigid
- Staggering
- Sagging at knees
- Other \_\_\_\_\_

#### EYES

- Watery
- Bloodshot
- Glassy
- Dilated
- Closed
- Droopy eye lids
- Appear normal

#### MOVEMENTS

- Fumbling
- Jerky
- Nervous
- Slow
- Hyperactive
- Other \_\_\_\_\_

#### APPEARANCE

- Messy
- Dirty/stained clothing
- Burns on person/clothing
- Ripped/torn clothing
- Partially dressed
- Puncture marks/needle tracks
- Appears normal

\*\*Comments to Support or Explain:

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## C. Behavioral Indicators

### DEMEANOR

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Depressed   | <input type="checkbox"/> Anxious     | <input type="checkbox"/> Calm                    |
| <input type="checkbox"/> Irritable   | <input type="checkbox"/> Silent      | <input type="checkbox"/> Resisting communication |
| <input type="checkbox"/> Sarcastic   | <input type="checkbox"/> Belligerent | <input type="checkbox"/> Tearful/crying          |
| <input type="checkbox"/> Suspicious  | <input type="checkbox"/> Excited     | <input type="checkbox"/> Mood changes            |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Appears normal          |
| <input type="checkbox"/> Sleepy      | <input type="checkbox"/> Drowsy      | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Other _____ |                                      |  |

### ACTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Fighting                         | <input type="checkbox"/> Profanity       |
| <input type="checkbox"/> Erratic                          | <input type="checkbox"/> Hostile         |
| <input type="checkbox"/> Threatening                      | <input type="checkbox"/> Hyperactive     |
| <input type="checkbox"/> Non-communicative                | <input type="checkbox"/> Sleeping on job |
| <input type="checkbox"/> Argumentative                    | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Unaccounted time/extended breaks |  |

\*\*Comments to Support or Explain (note: excessive absences by itself does not justify testing):

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## ADDITIONAL POSSIBLE SIGNS RELATED TO INDICATORS ABOVE:

### RISK TAKER

- Taking of needless risks
- Disregard for safety of others

### WORK PATTERNS

- Inconsistency in quality of work
- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines

### RELATIONSHIP TO OTHERS ON THE JOB

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Borrowing money from fellow employees



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### D. Written Summary

Summarize the facts and circumstances of the incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attach additional sheets as needed.

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### PART D: EMPLOYEE WRITTEN STATEMENT *(To be completed by the Employee/Employee's Supervisor)*

Employee's opportunity to provide an explanation below for his/her physical signs and/or behavior which led his/her department to believe that there is probable cause to authorize drug and/or alcohol testing. Either the employee can fill this section or the employee's supervisor based on his/her meeting with the employee. **If a substantial amount of time is needed, the employee can submit a statement no later than one business day after the drug and/or alcohol test is conducted. The testing should not be unnecessarily delayed.**

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**I hereby confirm that I have read this form, or the form has been reviewed with me, and I understand its contents. I acknowledge that failure to sign this form does not exempt me from being subject to testing. I am aware that if I do not pass my testing or if I refuse to be tested, disciplinary action will be taken against me. I am also aware that I may be subjected to direct observation specimen collection if it is checkmarked and justification is indicated on this form.**

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

### FOR OFFICIAL USE BY EMPLOYEE'S SUPERVISOR/DEPARTMENT OFFICIAL

If Employee Refuses any part of the Testing Process, indicate below:

Employee was tested, but Refused to Sign Form \_\_\_\_\_

Employee Refused to be tested, but signed Form \_\_\_\_\_

Employee Refused to be tested and did not sign Form \_\_\_\_\_

Date, Time and Location Employee Refused Any Part of Testing Process: \_\_\_\_\_

Completing Dept Official – Print Name, Sign & Date: \_\_\_\_\_



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### PART E: SUPERVISOR, WITNESS & AGENCY DIRECTOR'S SIGNATURES *(To be completed by the Department)*

Instructions: The department/agency's Designated DFWP Official Coordinator shall coordinate the test(s) with the DOA. This Form must be completed before your department/agency can coordinate a Probable Cause test with the DOA. This form must be immediately emailed, or hand carried with any supporting documents to the DOA HR Drug Testing Specialist within the deadlines stated on the first page of this Form. **Employee must be escorted to the testing facility by the employee's supervisor or designated supervisory official. Under no circumstances is the employee allowed to go to the testing facility unsupervised.**

Immediate Supervisor's Signature	Print Supervisor's Name
Date	
Witness Signature (if applicable)	Witness Print Name & Title
Date	
Agency Director's Signature	Print Agency Director's Name
Date	

### PART F: DEPARTMENT OF ADMINISTRATION *(To be completed by the Drug Program Specialist)*

	DFWP STAMP RECEIVED:
Signature of DOA Drug Program Specialist	

QUESTIONS	YES	NO
1) Did the department/agency provide supporting documents?	<input type="checkbox"/>	<input type="checkbox"/>
2) Was a Drug Test scheduled? If No, explain.	<input type="checkbox"/>	<input type="checkbox"/>
3) Was an Alcohol Test scheduled? If No, explain.	<input type="checkbox"/>	<input type="checkbox"/>
4) Did employee refuse any part of testing process that is different from what maybe marked on page 4? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>