



Drug-Free Workplace Policy 7.30 Reasonable Suspicion Testing Process

Applies to: Faculty, staff, graduate associates, and student employees

For individuals covered under [Federal Regulation 49 CFR Part 40](#), the statute supersedes this process (www.dot.gov/ost/dapc).

Observation of Behavior

When a supervisor is notified or suspects an individual may be in violation of the [Drug-Free Workplace Policy 7.30](#):

- The supervisor must observe the behavior of the individual and immediately complete the Reasonable Suspicion Testing Checklist.
- After completing the Reasonable Suspicion Testing Checklist, if the supervisor believes there is reasonable suspicion that the individual may be in violation of the policy (e.g. using or being under the influence of drugs or alcohol while at work), the supervisor must contact their manager. If after a reasonable effort, the supervisor is unable to contact the manager, another witness (such as a supervisor, manager, or Human Resource Professional) must be utilized.
- The other witness must observe the behavior of the individual and complete a separate Reasonable Suspicion Testing Checklist.
- After completing the Reasonable Suspicion Testing Checklist, if the supervisor and witness believe the individual may be in violation of the policy, the supervisor and witness must escort the individual to an area where a conversation with the individual can be held in private.
- An OHR employee and labor relations consultant must be consulted when feasible.

Two Witnesses

Both the supervisor and other witness should be involved in all steps of the process and both are expected to fully document the events immediately.

Employees Subject to a Collective Bargaining Agreement

If the employee is covered under a collective bargaining agreement and the employee requests steward representation, the employee will have the right to consult with a union steward. If requested, up to one half hour will be made available to obtain this consultation.

Notification of Violation to Individual

The supervisor will inform the individual that the individual may be in violation of the Drug-Free Workplace Policy and will inform the individual of the supervisor and other witness observations. The supervisor must ask the individual to offer an explanation of the observed behaviors (“*What explanation do you have for these behaviors?*”). Both the manager and supervisor will document the conversation, including noting if the individual declined to comment.

If both the supervisor and other witness believe the individual is in violation of the policy, they will inform the individual that they believe the individual is in violation of the policy, ask the individual to submit to a reasonable suspicion drug/alcohol test, and sign and complete the [Reasonable Suspicion Testing Consent Form](#) indicating the individual’s consent or refusal to the screening.



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For example, the supervisor might say, *“At this time, we believe you are in violation of the Drug Free Workplace policy and are requesting that you submit to a reasonable suspicion drug/alcohol test. This test will involve screenings to detect the presence of alcohol or drugs in your system. A positive test could result in corrective action, up to and including termination of your employment. Please read this consent form and sign in the appropriate area to indicate either your consent to or your refusal to the test. Failure to submit to and/or complete this testing may lead to corrective action, up to and including termination of employment.”*

Minors

If the individual is 17 years of age or younger, the parent or guardian must be contacted to provide consent.

Individual Refuses Testing

If the individual refuses to submit to the testing, the supervisor must tell the individual that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment. The supervisor should again ask the individual to submit to the testing.

If the individual refuses again, the supervisor will inform the individual that the refusal could subject them to corrective action. The supervisor will inform the individual to report to duty at their next assigned shift and should instruct and assist, if necessary, the individual to make arrangements to be taken home safely. If the individual insists upon driving home, the manager and supervisor will inform the individual that both campus and local police may be notified and again instruct the individual to make arrangements to get home safely. If the individual refuses, the supervisor may obtain vehicle information such as make, model, color, license plate number and notify campus and local police that the supervisor is the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual may be attempting to operate a vehicle. The supervisor must report this refusal to unit HR as soon as possible.

Individual Consents to Testing

If the individual consents to testing, the supervisor should contact and inform the appropriate specimen collector (see grid below) that they are the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual will be transported to the specimen collection location for a drug/alcohol test screening. The supervisor and manager will transport the individual to the collection location. A copy of the completed Reasonable Suspicion Testing Checklist, a copy of the Reasonable Suspicion Testing Consent Form, and any other relevant documentation should be immediately faxed to 614-293-8018 to the attention of the *Medical Review Officer*. If there is a safety concern, contact the University Police at 614-292-2121 and a request will be made for an officer to follow the transporting vehicle containing the supervisor, manager, and individual.



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Specimen Collection Locations

All Columbus locations – weekdays between 7:30 a.m. and 3 p.m. (non-holidays)					
SPECIMEN COLLECTION LOCATION				SPECIMEN COLLECTOR	
Unit	Room #	Building Name	Street Address	Collector Name	Phone #
All Columbus locations	University Health Services, 2 nd floor	McC Campbell Hall	1581 Dodd Drive	University Health Services	293-8146
All Columbus locations – weekdays between 3 p.m. and 7:30 a.m., weekends, holidays					
SPECIMEN COLLECTION LOCATION				SPECIMEN COLLECTOR	
Unit	Room #	Building Name	Street Address	Collector Name	Phone #
FOD	148T	Central Service Building	2003 Millikin Road	Quest	866-457-4009
Student Life	148T	Central Service Building	2003 Millikin Road	Quest	866-457-4009
Wexner Medical Center at The Ohio State University	Emergency Department Main Desk	Rhodes Hall	1654 Upham Drive	Quest	866-457-4009
University Hospital East	Emergency Department Main Desk	University Hospital East	1492 E. Broad Street	Quest	866-457-4009
Public Safety	1129-T (men) or 1130-T (women)	Blankenship Hall	901 Woody Hayes Drive	Quest	866-457-4009
Stores and Receiving	Men's restroom or Women's restroom	Stores and Receiving Building	2650 Kenny Road	Quest	866-457-4009
Transportation and Traffic Management	1149T (unisex)	Annex Building	2578 Kenny Road	Quest	866-457-4009
UniPrint	200T or 201T	Mount Hall	1050 Carmack Road	Quest	866-457-4009
University Airport	E102T	Terminal Building	2150 West Case Road	Quest	866-457-4009

Non-Columbus Locations				
SPECIMEN COLLECTION LOCATION				
Unit	Collector Name	Street Address	Hours	Phone #
Lima	St. Rita's Occupational Health Center	1875 South Dixie Highway	Monday – Friday 7:30 a.m. – 4 p.m.	419-226-9720
Lima	St. Rita's Medical Center Emergency Room	730 West Market Street	Monday – Friday 5 a.m. – 7:30 a.m.	419-227-3361
Lima	St. Rita's Westside – Luke Urgent Care	2195 Allentown Road	Seven days per week 8 a.m. – 8 p.m.	419-227-2245
Mansfield	MedCentral WorkAble	1750 West Fourth Street	Monday – Friday 7:30 a.m. – 6 p.m. Saturday 9 a.m. – 1 p.m.	419-526-8444
Mansfield	MedCentral – Mansfield Hospital – Emergency Department	335 Glessner Avenue	All other days/times not listed above	419-526-8000
Mansfield	MedCentral – Shelby Hospital – Emergency Department	199 West Main Street	All other days/times not listed above	419-342-5015
Marion	Marion Area Health Center Occupational Health	1050 Delaware Avenue	Monday – Friday 8 a.m. – noon and 1 p.m. – 5 p.m.	740-383-7770



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Marion	Marion General Hospital Laboratory	1000 McKinley Park Drive	All other days/times not listed above	740-383-8559
Newark	Ohio Health Consortium	1032 Buckeye Avenue	Monday – Friday 8:30 a.m. – 5:30 p.m.	740-344-4622
Newark	On call/after-hours	1032 Buckeye Avenue	All other days/times not listed above	740-344-4622
Wooster	MedPro Group	2201 Benden Drive	Monday – Friday 8 a.m. – 5 p.m.	330-263-7270
Wooster	On call/after- hours	2201 Benden Drive	All other days/times not listed above	330-263-7270

The supervisor and other witness will remain with the individual while at the collection location.

If the individual refuses to cooperate in the testing process, the supervisor must tell the individual that refusal to submit to and complete the testing could subject them to corrective action up to and including termination of employment.

If after reasonable efforts have been made to enable the individual to provide a breath or urine specimen and the individual is unable to do so, an evaluation by University Health Services or other surrogate medical personnel (Dr. Paul Kirk, pager: 614-770-8094) is to be conducted to establish medical impediment to providing a specimen. If no medical impediment exists, it is considered a refusal to test.

Once the screening has been completed, the supervisor will inform the individual to report to duty at their next assigned shift and should instruct the individual to make arrangements to be taken home safely. If the individual insists upon driving home, the supervisor and other witness will inform the individual that both campus and local police may be notified and again instruct the individual to make arrangements to get home safely. If the individual refuses, the supervisor may obtain vehicle information such as make, model, color, license plate number and notify campus and local police that they are the supervisor of an individual suspected of being in violation of the Drug-Free Workplace policy and that the suspected individual may be attempting to operate a vehicle.

Unit Human Resources Notification

The supervisor must notify unit HR as soon as possible and provide unit HR with the original copies of the Reasonable Suspicion Testing Checklist, the Reasonable Suspicion Testing Consent Form, and any other relevant documentation. Unit HR must notify their OHR employee and labor relations consultant as soon as possible.

Test Results

Test results will be reviewed by the Medical Review Officer who will determine if a policy violation occurred and forward this determination to the OHR employment law and compliance manager. Only the results (positive or negative) will be forwarded. The Office of Human Resources will work with the college/unit senior human resource professional to determine next steps.

Reasonable Suspicion Testing Checklist

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the Drug-Free Workplace policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as witness, must each complete a checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____ **Time:** _____ a.m. / p.m.

Name of observed individual (Print): _____ **Employee ID#:** _____

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

<p>WALKING</p> <p><input type="checkbox"/> Holding on</p> <p><input type="checkbox"/> Stumbling</p> <p><input type="checkbox"/> Unable to walk</p> <p><input type="checkbox"/> Unsteady</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Falling</p> <p><input type="checkbox"/> Other _____</p>	<p>FACE</p> <p><input type="checkbox"/> Red/flushed</p> <p><input type="checkbox"/> Pale</p> <p><input type="checkbox"/> Sweaty</p> <p><input type="checkbox"/> Appears normal</p> <p><input type="checkbox"/> Slobbering</p> <p><input type="checkbox"/> Grinding teeth</p> <p><input type="checkbox"/> Dry mouth</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Other _____</p>	<p>SPEECH</p> <p><input type="checkbox"/> Whispering</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Shouting</p> <p><input type="checkbox"/> Incoherent</p> <p><input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Rambling</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Other _____</p>	<p>BREATH/ODOR</p> <p><input type="checkbox"/> No alcohol odor</p> <p><input type="checkbox"/> Faint alcohol odor</p> <p><input type="checkbox"/> Strong alcohol odor</p> <p><input type="checkbox"/> Sweet/pungent tobacco odor</p> <p><input type="checkbox"/> Chemical odor</p> <p><input type="checkbox"/> Marijuana odor</p> <p><input type="checkbox"/> Breath spray/mouthwash</p> <p><input type="checkbox"/> None <input type="checkbox"/> Gum</p> <p><input type="checkbox"/> Mints <input type="checkbox"/> Candy</p> <p><input type="checkbox"/> Other _____</p>
<p>STANDING</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Feet wide apart</p> <p><input type="checkbox"/> Rigid</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Sagging at knees</p> <p><input type="checkbox"/> Other _____</p>	<p>EYES</p> <p><input type="checkbox"/> Watery</p> <p><input type="checkbox"/> Bloodshot</p> <p><input type="checkbox"/> Glassy</p> <p><input type="checkbox"/> Dilated</p> <p><input type="checkbox"/> Closed</p> <p><input type="checkbox"/> Droopy eye lids</p> <p><input type="checkbox"/> Appear normal</p>	<p>MOVEMENTS</p> <p><input type="checkbox"/> Fumbling</p> <p><input type="checkbox"/> Jerky</p> <p><input type="checkbox"/> Nervous</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Other _____</p>	<p>APPEARANCE</p> <p><input type="checkbox"/> Messy</p> <p><input type="checkbox"/> Dirty/stained clothing</p> <p><input type="checkbox"/> Burns on person/clothing</p> <p><input type="checkbox"/> Ripped/torn clothing</p> <p><input type="checkbox"/> Partially dressed</p> <p><input type="checkbox"/> Puncture marks/needle tracks</p> <p><input type="checkbox"/> Appears normal</p>

Behavioral Indicators:

<p>DEMEANOR</p> <p><input type="checkbox"/> Cooperative <input type="checkbox"/> Polite <input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Talkative <input type="checkbox"/> Silent <input type="checkbox"/> Resisting communication</p> <p><input type="checkbox"/> Sarcastic <input type="checkbox"/> Belligerent <input type="checkbox"/> Tearful/crying</p> <p><input type="checkbox"/> Anxious <input type="checkbox"/> Excited <input type="checkbox"/> Mood changes</p> <p><input type="checkbox"/> Disoriented <input type="checkbox"/> Inattentive <input type="checkbox"/> Appears normal</p> <p><input type="checkbox"/> Sleepy <input type="checkbox"/> Drowsy <input type="checkbox"/> Other _____</p>	<p>ACTIONS</p> <p><input type="checkbox"/> Fighting <input type="checkbox"/> Profanity</p> <p><input type="checkbox"/> Erratic <input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Non-communicative <input type="checkbox"/> Sleeping on job</p> <p><input type="checkbox"/> Argumentative <input type="checkbox"/> Other _____</p>
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Comments and other observations: _____

Additional facts:

Presence of alcohol and/or drugs in individual's possession or vicinity

On the job misconduct by individual (specify) _____

Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed below

Individual declined to comment, or
Individual's explanation for behavior _____

Is individual at least 18 years of age? YES NO If "no", name of parent/guardian contacted: _____

Completed by (signature): _____ Date: _____ Time: _____ a.m./p.m.
(Printed name): _____ Title: _____

Fax all documentation to 614-293-8018 to "University Health Services – Attn: Medical Review Officer" or bring to University Health Services, 2nd floor McCampbell Hall, 1581 Dodd Drive, Columbus, OH 43210. For questions, call 614-293-8146.

Reasonable Suspicion Testing Consent Form

I, _____ (individual name), as an employee, graduate associate, or student employee of The Ohio State University, have been informed that:

1. An individual may not be in violation of the Drug-Free Workplace policy.
2. An individual may be asked to submit to a drug/alcohol test if reasonable suspicion exists that an individual may be in violation of the Drug-Free Workplace policy.
3. I have been asked to submit to a drug/alcohol test to determine if I am in violation of the university Drug-Free Workplace Policy.
4. The test will include a request for a urine sample and a breath alcohol test.
5. I may be transported to and from a designated location where the specimens will be collected.
6. The test results will be provided to the university Medical Review Officer.
7. A positive test could result in corrective action up to and including termination of employment.
8. I may refuse my consent to submit to the drug/alcohol test.
9. I will be subject to the corrective action up to and including termination if I refuse the screening or test, adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

Individual's statement regarding allegation: _____

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and that my supervisor may notify the police if I attempt to operate a vehicle.

I have read the form and **agree** to undergo testing for drugs and/or alcohol _____
(Employee/GA/Student EE signature) (Date)

I have read the form and **refuse** to undergo testing for drugs and/or alcohol _____
(Employee/GA/Student EE signature) (Date)

Witnessed by (signature): _____ **Date:** _____ **Time:** _____ a.m./p.m.
(Printed name): _____ **Title:** _____

Witnessed by (signature): _____ **Date:** _____ **Time:** _____ a.m./p.m.
(Printed name): _____ **Title:** _____

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