



Drug-Free Workplace Policy 7.30 Reasonable Suspicion Testing Process

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

This process applies to all university faculty, staff, graduate associates, and student employees. Including the employees covered by the Department of Transportation regulations. For employees covered under [Federal Regulation 49 CFR Part 40](#), the statute supersedes this process (www.dot.gov/ost/dapc).

Remote Employees

Testing is not recommended for employees who are working remotely at the time of the observation. If a supervisor believes a remote employee may be in violation of the [Drug-Free Workplace Policy 7.30](#), follow these steps:

- If the employee, or a co-worker appears to be in imminent danger, or appears to be unsafe, showing signs of dangerous intoxication, or is in medical distress e.g. threats of harm to themselves or others, is incoherent, or having difficulty breathing, call 911 immediately.
- Address the behavior immediately, or as soon as possible after witnessing or experiencing the behavior. Complete the Reasonable Suspicion Testing Checklist and if 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), contact the employee's manager. If after a reasonable effort, the manager cannot be contacted, contact another witness (such as a supervisor, manager, or Human Resource Professional, etc.)
- Set up a video or phone meeting with the employee. If necessary, have another supervisor or HR partner attend the meeting. Discuss the concerning behaviors with the employee by clearly stating the behaviors and concerns with the employee. Provide the employee with an opportunity to respond to the concerns.
- When feasible, consult with an Employee and Labor Relations Senior Representative. Employee and Labor Relations may need to conduct an investigation in accordance with the policy.

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, and if 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), contact the employee's manager. If after a reasonable effort, the manager cannot be contacted, contact another witness (such as a supervisor, manager, or Human Resource Professional, etc.)
- 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.
- When feasible, consult with an Employee and Labor Relations Senior Representative.

Two Witnesses

The supervisor and other witness should be involved in all steps of the process, and both must fully document the events immediately.



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

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

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 supervisor or their designee must contact their parent or guardian to obtain their consent for testing.

Individual Refuses Testing

If the individual refuses to submit to the testing, the supervisor must tell them 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 must inform them that the refusal could subject them to corrective action. If the individual continues to refuse, the supervisor must inform them that they are relieved of duty until the supervisor contacts them with further instructions. The supervisor will contact the individual as promptly as possible. The supervisor should also instruct and assist, if necessary, the individual with making arrangements to get home safely (e.g., family member, taxi, etc.). If the individual insists on 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, and license plate number, and notify campus and local police that they supervise an individual suspected of being in violation of the university’s Drug-Free Workplace policy. They should also tell the campus or local police, whichever is applicable, that the suspected individual may be attempting to operate a vehicle. The supervisor must report this refusal to unit HR as soon as possible.



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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 supervise 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 escort the individual to the collection location and if that is not possible or safe, the manager will contact Corporate Health Testing to make arrangements for on site. A copy of the completed Reasonable Suspicion Testing Checklist, along with a copy of the Reasonable Suspicion Testing Consent Form, and any other relevant documentation should be immediately sent to employeehealth@osumc.edu 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.

Specimen Collection Locations

Corporate Health Testing will come to any Columbus building not within walking distance of Employee Health Services, and to all regional and extension campuses during business hours and after hours (after 4:00 p.m., non-holidays.)

See instructions below for Corporate Health Testing for ensuring that a secure bathroom** is used for testing.

After-hours/holiday testing/locations not close in proximity to Employee Health Services during business hours (i.e. central locations that require driving, regionals, extension offices, and outpatient care centers):

- Weekdays between 4:00 p.m. – 8:00 a.m. weekends, holidays
- Send both completed checklists and completed consent form to Employee Health Services employeehealth@osumc.edu attention to the *Medical Review Officer*
- Corporate Health Testing
 - Call 614-409-9606
 - Option 2 for dispatching
 - Provide clear directions on the address and where the collector should meet a member of management or designee.
 - **Escort the collector to the bathroom (private location), single stall bathroom or will need to restrict access if it is public bathroom, smallest bathroom available is the best option.
 - Manager or designee coordinates with the collector and escorts the employee to the restroom location.
 - Collector collects the sample and sends the sample to an appropriate lab.
 - Employee must be sent home and must contact someone to pick up. (See transportation section for more information). Managers or co-workers should not be requested to be the form of transportation.
 - Employee must not return to work until verification of results is provided by the medical review officer (MRO).
 - Work directly with Employee and Labor Relations on any next steps.

All Columbus locations – weekdays between 8:00 a.m. – 4:00 p.m. (non-holidays)					
SPECIMEN COLLECTION LOCATION				SPECIMEN COLLECTOR	
Unit	Room #	Building Name	Street Address	Collector Name	Phone #
All Columbus locations	Employee Health Services, Suite 201	McC Campbell Hall	1581 Dodd Drive	University Health Services	293-8146

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



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Non-Columbus Backup 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
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 (back up only)	On call/after- hours	2201 Benden Drive	All other days/times not listed above	330-263-7270

If the individual refuses to cooperate during 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, a “shy bladder” or “shy lung” approach will occur. This will be the standard approach through the MRO by University Health Services. This approach may also require additional specialist testing to be conducted to establish medical impediments in providing an appropriate specimen.

If the MRO finds that no medical impediment exists, it is considered a refusal to test.

Once the screening has been completed, the supervisor will send the employee home for the remainder of the shift and immediately contact [Employee & Labor Relations](#) and the employee will not return to work until cleared to return to work by Human Resources.



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The supervisor will instruct the employee to make arrangements to get home safely (e.g., family member, taxi, etc.). Neither the supervisor nor a co-worker will transport the employee home.

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 supervise an individual suspected of being in violation of the university's 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 Employee and Labor Relations Senior Representative as soon as possible.

Test Results

The Medical Review Officer will review test results and forward positive test results or other issues to Employee and Labor Relations. The Employee and Labor Relations Senior Representative 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 observing the behavior with another supervisor (position of authority) 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: _____

Email all documentation to employeehealth@osumc.edu "University Health Services – Attn: Medical Review Officer" or bring to Employee Health Services, Suite 201 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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