

# PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 17, 2012

REVISED:

## 351-AR-1. RECORD OF REASONABLE SUSPICION OF DRUG ABUSE

Employee Name: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Location of Observation or Source of Suspicion: \_\_\_\_\_

List reasons why individual is suspected of violating the Board's Drug and Substance Abuse policy. Include information about what happened, who was present, and when the incident(s) occurred: \_\_\_\_\_

List of signs of impaired or unsafe performance that was observed, as well as date and time of observation: \_\_\_\_\_

If observable changes occurred in employee's performance, list changes: \_\_\_\_\_

List of physical symptoms of possible substance abuse or use that employee has manifested:

Eyes: \_\_\_\_\_

Coordination: \_\_\_\_\_

Speech: \_\_\_\_\_

Breath: \_\_\_\_\_

Other: \_\_\_\_\_

Other relevant comments: \_\_\_\_\_

Name of person reporting suspicion: \_\_\_\_\_ Title: \_\_\_\_\_

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