

## **Reasonable Suspicion Drug and Alcohol Testing**

1. Only an administrator(s), who has been trained to recognize Reasonable Suspicion, shall request an employee to submit to a drug/alcohol test with the recommendation of a supervisor who is at least one level of supervision higher than the immediate supervisor of the employee in question. If none are present, assistance may be requested from the nearest school site, administrative site, or regional office as applicable.
2. The employee should be removed from his/her classroom/work area to a safe location with low traffic and a restroom nearby.
3. The employee should be informed that he/she is not allowed to eat or drink.
4. The employee should be informed that he/she can have a union representative present. However, the test will not be delayed if the representative has not arrived when the technician is ready to perform the test.
5. Any employee who refuses to submit to testing, will be recommended for termination of employment in accordance with The School Board of Broward County, Florida's 2400 Policy (Rule #5).
6. If a Reasonable Suspicion Drug/Alcohol test is conducted or if the employee refuses to test, a friend or family member must be called, or other arrangements must be made such as a taxi/uber paid for by the employee to provide transportation home. **Under NO CIRCUMSTANCES** should the employee be allowed to drive his/her own vehicle from the work location. If the employee chooses to leave in his/her own vehicle, the local police department should be contacted by the administrator immediately.
7. The employee will not be allowed to return to current workplace pending the outcome of the drug/alcohol test results. Direct the employee to remain at home. Risk Management will provide an administrative reassignment letter to the employee.

**PLEASE SCAN AND EMAIL A COPY OF THE INCIDENT REPORT TO  
JULIANNE GILMORE at [julianne.gilmore@browardschools.com](mailto:julianne.gilmore@browardschools.com)  
phone number -754-321-1905**

**INCIDENT REPORT FORM**

This form is to be completed by the Supervisor as a guideline for the determination to order a drug and/or alcohol screen for an employee who is unfit for duty and probable cause exists to test, or an employee who has been involved in an accident/incident subject to drug/alcohol testing. Each Supervisor is to complete his/her own form.

Name of Employee: \_\_\_\_\_

Personnel Identification Number: \_\_\_\_\_

Classification: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Location: \_\_\_\_\_

Supervisory Personnel at Scene:

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

**I. CIRCUMSTANCES OCCURING AT TIME OF EVALUATION**

**Please check below all that apply:**

☐ Employee is reporting for duty:

Location/Time: \_\_\_\_\_

☐ Employee is on duty:

Location/Time: \_\_\_\_\_

Employee has been involved in the following:

☐ Fatal Accident

☐ Vehicle accident causing injury to employee, passengers, or third person requiring medical attention.

☐ Accident Causing significant or unusual property damage.

☐ Incident involving violation of company rules which poses safety threat to employees, passengers, or third persons.

Please give a brief description of the incident:

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

## II. OBSERVATIONS OF EMPLOYEE'S PHYSICAL CONDITION

**Please check below all that apply:**

- ☐ Slurred Speech
- ☐ Confusion/disorientation
- ☐ Odor of alcohol on breath or person
- ☐ Unsteady gait or lack of balance
- ☐ Glassy eyes
- ☐ Rapid/continuous eye movement or inability to focus
- ☐ Drowsiness
- ☐ Inattentiveness
- ☐ Apparent intoxicated behavior (without the odor of alcohol or marijuana)
- ☐ Physical injury. (Location) \_\_\_\_\_
- ☐ Tremors or bodily shaking
- ☐ Poor Coordination
- ☐ Runny nose or sores around nostrils
- ☐ Very large or small pupils
- ☐ Slow or inappropriate reactions

Additional Comments or observations: \_\_\_\_\_

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

### III. OBSERVATIONS OF EMPLOYEE'S BEHAVIOR

Please check below any/all applicable behaviors and describe briefly in the space on the right side of the page:

- ☐ Inability to respond to questions or to respond correctly \_\_\_\_\_
- ☐ Complaints of racing or irregular heartbeat \_\_\_\_\_
- ☐ Marked Irritability \_\_\_\_\_
- ☐ Aggressiveness (attempts at physical contact) \_\_\_\_\_
- ☐ Inappropriate laughter, crying, etc. \_\_\_\_\_
- ☐ Fainting or repeated loss of consciousness \_\_\_\_\_
- ☐ Improper job performance and/or violation of authority (Rules) \_\_\_\_\_

Additional comments or observations: \_\_\_\_\_

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

### IV. ACTIVITY AT THE SCENE

Please check below any/all that apply:

- ☐ Employee was relieved from duty \_\_\_\_\_
- ☐ Employee was asked/ordered to remain at the scene \_\_\_\_\_
- ☐ Employee requested union representation \_\_\_\_\_
- ☐ Union official arrived at scene and talked with employee \_\_\_\_\_
- ☐ Employee was taken for medical treatment to: \_\_\_\_\_
- ☐ Fainting or repeated loss of consciousness \_\_\_\_\_

## V. DETERMINATION OF REASONABLE SUSPICION

Based on the above, I have determined that:

1. There is probable cause for requesting a drug/alcohol test:

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2. The accident/incident requires a drug/alcohol test:

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The appropriate test(s) was order by: \_\_\_\_\_

**\*TRAINED INDIVIDUAL(S) WHO OBSERVED THE BEHAVIORS MUST SIGN THE FORM BELOW\***

\*Signed: (1) \_\_\_\_\_

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

Time: \_\_\_\_\_

\*Signed: (2) \_\_\_\_\_

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

Time: \_\_\_\_\_

\* Trained Supervisors (Broward District Schools Police representative may be contacted when second supervisor not available)

rev. 9/01/07, 8/17/09, 2/07/2018, 11/18/2024, 1/22/2025