

It is recommended that this form be completed and signed by the person suspecting another employee of drug and/or alcohol abuse during working hours, on university property, or on university business, unless otherwise stated in the NDSU Policy #155: *Alcohol and Other Drugs: Unlawful and Unauthorized Use by Students and Employees*. Check all signs and symptoms that apply and complete the related questions. This form is to be reviewed by the employee's supervisor/manager to determine if testing is warranted. The suspecting employee and his/her supervisor will sign, date, and forward the form to the appropriate personnel.

Name: _____ EmplID: _____
Dept: _____

Physical Signs or Symptoms

- Possessing, dispensing, or using prohibited substances
- Slurred or incoherent speech
- Unusual, unsteady gait or other loss of physical control, poor coordination
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess of skin
- Flushed or very pale face
- Highly excited or nervous
- Recurrent nausea or vomiting
- Odor of marijuana
- Disheveled appearance or out of uniform
- Dry mouth (frequent swallowing/lip wetting)
- Dizziness or fainting
- Unusual shaking hands or body tremors/twitching
- Breathing irregularity or difficulty breathing
- Runny nose or sores around nostrils not associated with other respiratory infection symptoms
- Puncture marks or "tracks"
- Inappropriate wearing of sunglasses
- Other - please specify: _____

General Job Performance

- Excessive unauthorized absences; Number in the last 12 months: _____
- Frequent Monday/Friday absence or other patterns
- Increase concern about, or actual incidents of safety offenses involving the employee (cite examples on back of sheet)
- Inability to follow through on job performance recommendations
- Other - please specify: _____

Personal Matters

- Changes in or unusual speech (incoherent, stuttering, loud)
- Changes in or unusual physical mannerisms (gestures, posture)
- Changes in or unusual level of activity: much reduced ___ or increased ___
- Increasingly irritable or tearful
- Unpredictable or out-of-context displays of emotion
- Episodes of unusual fear or paranoia
- Lacks appropriate caution
- Engages in detailed discussion about obtaining, selling or using drugs
- Makes unfounded accusations toward others, has feelings of persecution

Personal Matters (continued)

- Secretive or furtive
- Memory problems (difficulty recalling instructions, data, past behaviors)
- Makes unreliable or false statements
- Unrealistic self-appraisal or grandiose statements
- Temper tantrums or angry outbursts
- Major change in physical health with no known cause
- Other - please specify: _____

Written Summary

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please attach any additional documentation related to this reasonable suspicion.

Employee Signature

Supervisor Signature

Manager/Human Resource Signature

University Police & Safety Office
Dept 3300, PO Box 6050
Fargo ND 58108-6050

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