



THE SERVICE
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Reasonable Suspicion Drug Test Consent Form

I, Prakash Garg understand that I am being asked to take a reasonable suspicion drug test. Should I agree, I will be suspended pending the negative (clear) results of my reasonable suspicion drug test. If the results of my drug test are positive (show the presence of drugs or alcohol), I understand that my employment with The Service Companies will be terminated, effective immediately.

If I refuse to take the reasonable suspicion drug test, I understand that my employment with The Service Companies will be terminated, effective immediately.

☒ I agree to take the drug test and will be suspended (will not report to work) until I am cleared to return by Human Resources. A positive drug test will result in my termination.

☐ I **refuse** to take the drug test and understand that I will be terminated from The Service Companies, effective immediately.

Date:

10/5/2022

ID:

Employee Signature:

[Handwritten signature]

Supervisor / Manager Signature:

Robert Mung



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Reasonable Suspicion Observation Checklist and Notes

(to be completed by an employee at a supervisor level or above; minimum of 2 observations needed per incident)

Name of Observer: Susana Saramillo
Observer Job Title: Manager

Part 1: Employee Information

Employee Name: Drakey Gross
Employee Job Title: pool Attendant
Observation Date: 10-5-23
Observation Time (indicate a.m. or p.m.): 6:15 PM
Location: Sand Box

Part 2: Observations (Place a checkmark next to any of the following observations exhibited by the employee.)

Walking

- | | | | |
|-------------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Holding on | <input type="checkbox"/> Unable to walk | <input type="checkbox"/> Swaying | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Stumbling | <input checked="" type="checkbox"/> Unsteady
Staggering | <input type="checkbox"/> Falling | |

Standing

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Swaying | <input type="checkbox"/> Unable to stand | <input type="checkbox"/> Staggering | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Feet wide apart | <input type="checkbox"/> Rigid | <input type="checkbox"/> Sagging at knees | <input type="checkbox"/> Other (describe) |

Movements

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> Fumbling | <input checked="" type="checkbox"/> Slow | <input type="checkbox"/> Reduced reaction
time | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Jerky | <input type="checkbox"/> Not following tasks | <input type="checkbox"/> Diminished
coordination | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Normal Hyperactive | | |

Eyes

- | | | | |
|---|---------------------------------|---|---|
| <input checked="" type="checkbox"/> Bloodshot | <input type="checkbox"/> Glassy | <input checked="" type="checkbox"/> Dilated/Constricted
Pupils | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Watery | <input type="checkbox"/> Closed | | |
| <input type="checkbox"/> Droopy | | | |

Face

- | | | | |
|----------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input checked="" type="checkbox"/> Sweaty | <input type="checkbox"/> Other (describe) |
|----------------------------------|-------------------------------|--|---|

Breath

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> No alcoholic odor | <input checked="" type="checkbox"/> Alcoholic odor | <input type="checkbox"/> Sweet/pungent
tobacco odor | <input type="checkbox"/> Heavy use of
breath spray |
| <input type="checkbox"/> Faint alcoholic odor | <input type="checkbox"/> Chemical odor | | <input type="checkbox"/> Other (describe) |



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Reasonable Suspicion Observation Checklist and Notes (pg 2 of 3)

(to be completed by an employee at a supervisor level or above; minimum of 2 observations needed per incident)

Speech

- | | | | |
|---|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Rambling | <input type="checkbox"/> Other (describe) |
| <input checked="" type="checkbox"/> Slurred | <input type="checkbox"/> Slobbering | <input type="checkbox"/> Mute | |
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Silent | <input type="checkbox"/> Slow | |

Appearance

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Neat | <input type="checkbox"/> Dirty | <input type="checkbox"/> Visible puncture marks or tracks | <input type="checkbox"/> Excessive sweating in cool area |
| <input checked="" type="checkbox"/> Unruly | <input type="checkbox"/> Stains on clothing | <input type="checkbox"/> Burnt rope smell on clothes, hair, body | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Marijuana Odor | | |
| <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Bodily excrement stains | | |

Behavioral Demeanor

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Cooperative | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Excited | <input type="checkbox"/> Excessive laughter |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Talkative/Rapid | <input type="checkbox"/> Crying | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Other (describe) |
| Speech | <input type="checkbox"/> Sleeping on job | <input type="checkbox"/> Overreacts to minor things | |
| <input type="checkbox"/> Polite | <input type="checkbox"/> Argumentative | | |

Actions

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Threatening | <input type="checkbox"/> Resisting communication | <input type="checkbox"/> Possessing, using or distributing an illegal substance |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Erratic | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Baseless Panic |
| <input type="checkbox"/> Profanity | <input type="checkbox"/> Hyperactive | | <input type="checkbox"/> Other (describe) |
| <input checked="" type="checkbox"/> Drowsy | <input type="checkbox"/> Calm | | |

Appetite

- | | | |
|---|--|---|
| <input type="checkbox"/> Always munching on something | <input type="checkbox"/> Frequently Eating Candy | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Constantly Chewing Gum | <input type="checkbox"/> Popping Mints Often | |

Miscellaneous

- | | | |
|--|--|--|
| <input type="checkbox"/> Presence of alcohol and/or drugs in employee's possession or vicinity | <input type="checkbox"/> On-the-job misconduct by employee | <input type="checkbox"/> Employee admission to alcohol and/or drug use or possession |
|--|--|--|



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Reasonable Suspicion Observation Checklist and Notes (pg 3 of 3)

(to be completed by an employee at a supervisor level or above; minimum of 2 observations needed per incident)

Corroborating Witnesses - (List names of all witnesses to the employee's conduct below)

Robert Marquez
Rajiv Kana
Johnny Apicella

Other Observations (List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

None

Part 3: Employee's response: (Document below the employee's explanation or reasons for his/her conduct)

He admitted to drinking one beer

Part 4: Action Plan

Place a checkmark next to the applicable action as agreed upon with the employee:

☐ Employee has agreed to testing; suspended pending results

☒ Employee has not agreed to testing; termination effective immediately on SPI

Signature of Observer:



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Reasonable Suspicion Observation Checklist and Notes

(to be completed by an employee at a supervisor level or above; minimum of 2 observations needed per incident)

Name of Observer: Robert Marquez
Observer Job Title: _____

Part 1: Employee Information

Employee Name: Draker Gross
Employee Job Title: Pool Attendant
Observation Date: October 5, 2023
Observation Time (indicate a.m. or p.m.): 6:15 pm
Location: Sanbox

Part 2: Observations (Place a checkmark next to any of the following observations exhibited by the employee.)

Walking

- | | | | |
|-------------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Holding on | <input type="checkbox"/> Unable to walk | <input type="checkbox"/> Swaying | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Stumbling | <input checked="" type="checkbox"/> Unsteady
Staggering | <input type="checkbox"/> Falling | |

Standing

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Unable to stand | <input type="checkbox"/> Staggering | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Feet wide apart | <input type="checkbox"/> Rigid | <input type="checkbox"/> Sagging at knees | <input type="checkbox"/> Other (describe) |

Movements

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> Fumbling | <input checked="" type="checkbox"/> Slow | <input type="checkbox"/> Reduced reaction
time | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Jerky | <input type="checkbox"/> Not following tasks | <input type="checkbox"/> Diminished
coordination | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Normal Hyperactive | | |

Eyes

- | | | | |
|---|---------------------------------|---|---|
| <input checked="" type="checkbox"/> Bloodshot | <input type="checkbox"/> Glassy | <input checked="" type="checkbox"/> Dilated/Constricted
Pupils | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Watery | <input type="checkbox"/> Closed | | |
| <input type="checkbox"/> Droopy | | | |

Face

- | | | | |
|----------------------------------|-------------------------------|--|---|
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input checked="" type="checkbox"/> Sweaty | <input type="checkbox"/> Other (describe) |
|----------------------------------|-------------------------------|--|---|

Breath

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> No alcoholic odor | <input checked="" type="checkbox"/> Alcoholic odor | <input type="checkbox"/> Sweet/pungent
tobacco odor | <input type="checkbox"/> Heavy use of
breath spray |
| <input type="checkbox"/> Faint alcoholic odor | <input type="checkbox"/> Chemical odor | | <input type="checkbox"/> Other (describe) |



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Reasonable Suspicion Observation Checklist and Notes (pg 2 of 3)

(to be completed by an employee at a supervisor level or above, maximum of 2 observations needed per incident)

Speech

- | | | | |
|--|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Rambling | <input type="checkbox"/> Other (describe) |
| <input checked="" type="checkbox"/> Murred | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Mute | |
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Silent | <input type="checkbox"/> Slow | |

Appearance

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Neat | <input type="checkbox"/> Dirty | <input type="checkbox"/> Visible puncture marks or tracks | <input type="checkbox"/> Excessive sweating in cool area |
| <input checked="" type="checkbox"/> Unruly | <input type="checkbox"/> Stains on clothing | <input type="checkbox"/> Burnt rope smell on clothes, hair, body | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Marijuana Odor | | |
| <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Bodily excrement stains | | |

Behavioral Demeanor

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Excited | <input type="checkbox"/> Excessive laughter |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Withdrawn | <input checked="" type="checkbox"/> Forgetful |
| <input type="checkbox"/> Talkative/Rapid Speech | <input type="checkbox"/> Crying | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Other (describe) |
| <input checked="" type="checkbox"/> Hostile | <input type="checkbox"/> Sleeping on job | <input type="checkbox"/> Overreacts to minor things | |
| | <input type="checkbox"/> Argumentative | | |

Actions

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Hissing | <input type="checkbox"/> Threatening | <input type="checkbox"/> Balking communication | <input type="checkbox"/> Possessing, using or distributing an illegal substance |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Erratic | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Baseless Panic |
| <input type="checkbox"/> Profanity | <input type="checkbox"/> Hyperactive | | <input type="checkbox"/> Other (describe) |
| <input checked="" type="checkbox"/> Droving | <input type="checkbox"/> Calm | | |

Appetite

- | | | |
|---|--|---|
| <input type="checkbox"/> Always munching on something | <input type="checkbox"/> Frequently Eating Candy | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Constantly Chewing Gum | <input type="checkbox"/> Popping Mouth Often | |

Miscellaneous

- | | | |
|--|--|--|
| <input type="checkbox"/> Presence of alcohol and/or drugs in employee's possession or vicinity | <input type="checkbox"/> On-the-job misconduct by employee | <input type="checkbox"/> Employee admission to alcohol and/or drug use or possession |
|--|--|--|



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Reasonable Suspicion Observation Checklist and Notes (pg 3 of 3)

(to be completed by an employee at a supervisor level or above; minimum of 2 observations needed per incident)

Corroborating Witnesses - (List names of all witnesses to the employee's conduct below)

~~Susana, Rajiv, Johnny~~
Susana Sarabillo
Rajiv Rand
Johnny Apicella

Other Observations (List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

Even though the employee had met and already knew who I was, he introduced himself and asked for my name.

Part 3: Employee's response; (Document below the employee's explanation or reasons for his/her conduct)

He admitted to have been drinking beer.

Part 4: Action Plan

Place a checkmark next to the applicable action as agreed upon with the employee:

- ☐ Employee has agreed to testing; suspended pending results
- ☒ Employee has not agreed to testing; termination effective immediately

Signature of Observer:

Bohant Meezy