



Reasonable Suspicion Drug Test Consent Form

I, Debra Goss 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:

10/05/2022

ID:

Employee Signature:

Supervisor / Manager Signature:

Brent Muzzey



THE SERVICE
COMPANIES

SERVICE ABOVE ALL

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

- Whispering
- Slurred
- Shouting

- Incoherent
- Slobbering
- Silent

- Rambling
- Mute
- Slow

- Other (describe)

Appearance

- Neat
- Unruly
- Messy
- Partially dressed

- Dirty
- Stains on clothing
- Marijuana Odor
- Bodily excrement stains

- Visible puncture marks or tracks
- Burnt rope smell on clothes, hair, body

- Excessive sweating in cool area
- Other (describe)

Behavioral Demeanor

- Cooperative
- Calm
- Talkative/Rapid
- Speech
- Polite

- Sarcastic
- Sleepy
- Crying
- Sleeping on job
- Argumentative

- Excited
- Withdrawn
- Mood swings
- Overreacts to minor things

- Excessive laughter
- Forgetful
- Other (describe)

Actions

- Hostile
- Fighting
- Profanity
- Drowsy

- Threatening
- Erratic
- Hyperactive
- Calm

- Resisting communication
- Paranoid

- Possessing, using or distributing an illegal substance
- Baseless Panic
- Other (describe)

Appetite

- Always munching on something
- Constantly Chewing Gum

- Frequently Eating Candy
- Popping Mints Often

- Other (describe)

Miscellaneous

- Presence of alcohol and/or drugs in employee's possession or vicinity

- On-the-job misconduct by employee

- Employee admission to alcohol and/or drug use or possession



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
Bajiv 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.)

alone

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:



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: Sandbox

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	<input type="checkbox"/> Falling	
	Staggering		

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 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		
	<input type="checkbox"/>		

Eyes

<input checked="" type="checkbox"/> Bloodshot	<input type="checkbox"/> Glassy	<input 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)
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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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WEBSITE: www.theservice.com

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 recorded per incident)

Speech

- Whispering
- Muttered
- Slurring

- Incoherent
- Stuttering
- Slowed

- Slurring
- Mute
- Stammer

- Other (describe)

Appearance

- Bare
- Unwashed
- Messy
- Partially dressed

- Dirty
- Marks on clothing
- Marijuana Odor
- Bodily excrement stains

- Visible puncture marks or tracks
- Burnt rope smell on clothes, hair, body

- Excessive sweating in cool areas
- Other (describe)

Behavioral Indicators

- Cooperative
- Calm
- Talkative/Rapid speech
- Fidgety

- Sarcastic
- Nervous
- Crying
- Slipping on job
- Argumentative

- Excited
- Withdrawn
- Mood swings
- Overreacts to minor things

- Excessive laughter
- Forgetful
- Other (describe)

Actions

- isolate
- Fighting
- Profanity
- Depress

- Threatening
- Erratic
- Hyperactive
- Calm

- Resisting communication
- Paranoid

- Possessing, using or distributing an illegal substance
- Nervous Panic
- Other (describe)

Appetite

- Always munching on something
- Constantly Chewing Gum

- Frequently Eating Candy
- Peeling Mouth Often

- Other (describe)

Miscellaneous

- Presence of alcohol and/or drugs in employee's possession or vicinity

- On the job recorded by employee

- Employee admission to alcohol and/or drug use or possession



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, Jaramillo

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:

Bulent Meezyz