

## Appendix A

# ALCOHOL AND DRUG TESTING RATIONALE FORM

**COMMENTS** *(provide additional information, including the context and narrative of the situation, that supports the alcohol & drug testing decision; attach separate sheet as required).*

Did the worker agree to be tested? ☐Yes ☐No

Test Completed ☐Yes ☐No

If no, explain why

### COMPLETED BY

**District Fire Chief**

**H&S Investigator**

Name (print):

Name (print):

Signature:)

Signature:

Date:

Date:

### Regional Emergency Manager Acknowledgment

Name (print):

Signature:)

Date Reviewed:

## POST-INCIDENT

Post-incident testing may be conducted as part of an investigation where the criteria to test (see below) has been met and deemed required by Incident Investigation Team. If criteria are met for post incident testing, check box below and fill out comments.

## POST-INCIDENT TESTING CRITERIA

Was there a significant work related incident or near miss? YES NO  
Did or could the worker's act or omission cause or contribute to the event? YES NO  
Did the worker's appearance for conduct suggest use of drugs or alcohol? YES NO  
If so complete the Reasonable Suspicion Checklist below

Post incident alcohol & drug testing appropriate based on the criteria above. Provide comments.

## REASONABLE CAUSE ASSESSMENT *(Select all applicable boxes)*

Evidence/ Disclosure	Physical Observations	Performance
<input type="checkbox"/> Presence of alcohol or drugs	<input type="checkbox"/> Deterioration of appearance	<input type="checkbox"/> Difficulty in recalling instructions
<input type="checkbox"/> Drug paraphernalia	<input type="checkbox"/> Slurred speech or stuttering	<input type="checkbox"/> Fearful, anxious, suspicious
<input type="checkbox"/> Smell of marijuana	<input type="checkbox"/> Dilated pupils or bloodshot eyes	<input type="checkbox"/> Unexplained memory lapses
<input type="checkbox"/> Smell of alcohol	<input type="checkbox"/> Flushed skin	<input type="checkbox"/> Difficulty in concentrating
<input type="checkbox"/> Confession of alcohol use	<input type="checkbox"/> Shaking or trembling of hands	<input type="checkbox"/> Unreasonable procedural mistakes
<input type="checkbox"/> Confession of drug use	<input type="checkbox"/> Unsteady walk	<input type="checkbox"/> Unreasonable behaviour
<input type="checkbox"/> Reports from other employees	<input type="checkbox"/> Loss of motor coordination	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Other <i>(provide explanation below)</i>	<input type="checkbox"/> Increased perspiration	<input type="checkbox"/> Complaints from colleagues
	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Belligerent to authority
	<input type="checkbox"/> Breathing difficulties	<input type="checkbox"/> Avoidance of peers
	<input type="checkbox"/> Other <i>(provide explanation below)</i>	<input type="checkbox"/> Other <i>(provide explanation below)</i>