REASONABLE CAUSE PROCESS FORM

Employee / Contractor's full name:	
Department / Company name:	
Date(s):	
Support person offered:	Yes ☐ No ☐ Name of support person:
Supervisor's name:	
Department / Company name:	

Supervisor to record below the physical symptoms or behaviours observed or reported to him/her:

Comments/explanation of Employee/Contractor (if offered):

Comments of Supervisor/Approved Person:

DETERMINING REASONABLE CAUSE

Yes ☐ No ☐ Is there a risk to the health and safety of this person and others?

Yes ☐ No ☐ Are you satisfied that it is reasonably possible that the risk is a result of the possible use of drugs or alcohol?

Do NOT proceed with reasonable cause testing unless the above questions are answered with a YES.

TAKING ACTION

Reasonable cause established Yes ☐ No ☐

Time: _____ Date: _____

Action Taken:

Supervisor's Signature: _____

Date: _____

Time: _____

NOTES:

When determining “reasonable cause”, physical symptoms and/or unusual or out of character observable or reported behaviours must be considered.

Examples of physical symptoms or behaviours include, but are not limited to:

- excessive lateness
- absences often on Monday, Friday or in conjunction with holidays
- increased health problems or complaints about health
- emotional signs – outbursts, anger, aggression
- changes in personality
- changes in alertness – difficulty with attention span
- changes in appearance – clothing, hair, personal hygiene
- less energy
- involvement in various minor accidents
- feigning sickness or emergencies to get out of work early
- going to the bathroom more than normal
- defensive when confronted about behaviour
- dizziness
- slurred speech
- hangovers
- violent behaviour
- impaired motor skills
- bloodshot eyes
- impaired or reduced short term memory
- reduced ability to perform tasks requiring concentration and co-ordination
- intense anxiety or panic attacks
- impairments in learning and memory, perception and judgement
- irritability
- depression
- odour of alcohol or drugs

Reasonable grounds testing may also take place where the Company learns, from a credible source, that the Employee/ Contractor is at risk of impairment of drugs and/or alcohol, or where the Employee/Contractor is observed (whether by the Company or a credible source) using, possessing, distributing or consuming drugs or alcohol during work time or during any breaks, whether on or off the Company premises.