

Reasonable Cause Drug/ Alcohol Testing

Marine Operations

Print name of employee being tested: _____

Date (01-JANUARY-2020): _____

Reason for test (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> smell of alcohol | <input type="checkbox"/> possession of drugs or alcohol |
| <input type="checkbox"/> unexplained failure to follow safety rules | <input type="checkbox"/> reoccurring tardiness or absence |
| <input type="checkbox"/> discovery of drug or alcohol paraphernalia
sleepiness | <input type="checkbox"/> extreme drowsiness or |
| <input type="checkbox"/> unexplained impaired balance or coordination | <input type="checkbox"/> slurred speech |
| <input type="checkbox"/> a result of employee involvement of an incident | |
| <input type="checkbox"/> direct visual observation of credible information about any physical or behavioral signs of illegal drugs or alcohol consumption | |

Additional Comments:

Authorizing person:

Printed name _____

Signature _____

Title of Document:	Reasonable Cause Test	Document Number:	
Authority:	Vessel Systems Mgr.	Revision:	August 2020
Custodian/Owner:	Shannon Smith	Issue Date:	August 2020
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