

Northwest Ironworkers Health and Security Fund Drug Free Workplace Program

Phone (877) 213-8630 or (503) 742-2410 • Fax (503) 742-2415

Administered by
Welfare & Pension Administration Service, Inc.

REASONABLE SUSPICION TESTING REPORT INFORMATION

REASONABLE SUSPICION TESTING INSTRUCTIONS:

“Reasonable suspicion” means aberrant or unusual behavior of a person which:

Is observed by the person’s immediate supervisor or others and confirmed by the observation of a managerial employee or their trained designee, which observations shall be documented at or near the time of the observation; and

Is the type of behavior which is recognized and accepted system of intoxication or impairment caused by controlled substances or alcohol or addiction to or dependence upon said controlled substances; and

Is not reasonably explained as resulting from causes other than the use of controlled substances (such as, but not by way of limitation, fatigue, lack of sleep, side effects of prescriptions or over-the-counter medications, reactions to noxious fumes or smoke, etc.).

1. Complete the Documentation Forms (attached.)
2. Contact the DFW office and provide the name of the Ironworker being tested. The DFW office can provide you with information regarding the nearest collection site, if needed, and will notify you when they receive the Ironworker’s test results.
3. To avoid potential liability the Ironworker employee must be transported to an authorized DFW collection by the employer.

NOTE: DO NOT LET THE EMPLOYEE DRIVE IF VISIBLY INTOXICATED OR INCAPACITATED OR OTHERWISE UNDER THE INFLUENCE OF SOME SUBSTANCE.

Once you are at the collection site:

- **ASK FOR A 10-PANEL / REASONABLE SUSPICION /FOR-CAUSE TEST.**
- **TELL COLLECTION SITE TEST NEEDS TO BE DONE FOR “PACIFIC NORTHWEST IRONWORKERS” (Legacy MetroLab Account #16025).**

4. After the test is completed, transport the Employee back to his/her residence – they must remain off the job site eight (8) hours.

**FAX THE COMPLETED DOCUMENT FORM (ATTACHED) TO THE DFW OFFICE:
503-742-2415 or email to jdurr@cleanworkforce.com**

**NORTHWEST IRONWORKERS HEALTH AND SECURITY FUND
DRUG FREE WORKPLACE PROGRAM (DFW)
(P) 877-213-8630 • (F) 503-742-2415**

REASONABLE SUSPICION TESTING REPORT

The purpose of this form is to document the purpose, facts and circumstances behind a decision to request a reasonable suspicion drug and alcohol test.

EMPLOYEE'S NAME: _____	DATE: _____
EMPLOYEE DOB: _____	PHONE: _____
EMPLOYEE LAST 4 OF SSN: _____	_____
EMPLOYER: _____	PHONE: _____
INTERVIEW LOCATION: _____	TIME: _____ AM / PM

Observed behavior

- | | |
|---|---|
| <input type="checkbox"/> Observed drug/alcohol use | <input type="checkbox"/> Abnormal or erratic behavior |
| <input type="checkbox"/> Difficulty maintaining balance | <input type="checkbox"/> Apparent inability to safely perform assigned work |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Other (describe in detail): |

Comments (Describe the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc.):

Requester's Printed Name & Signature	Title	Date
--------------------------------------	-------	------

Reviewer's Printed Name & Signature	Title	Date
-------------------------------------	-------	------

I acknowledge that I have been informed of the company's reasons for requesting this drug and alcohol test and consent to the testing. Signing this form does not necessarily signify agreement with the above statements.

Employee's Signature: _____ Date: _____

**FAX THE COMPLETED DOCUMENT FORM (ATTACHED) TO THE DFW OFFICE:
503-742-2415 or email to jdurr@cleanworkforce.com**