

**City of Madison
Supervisor Instructions
Reasonable Suspicion
Alcohol and Drug/Controlled Substances Testing
(All Employees)**

City of Madison supervisors are responsible for ensuring adherence to the City of Madison's Alcohol and Drug/Controlled Substances testing policy. Supervisors must adhere to the following instructions to ensure the reliability and integrity of testing results. Failure to maintain these standards may subject the City to penalties and fines by the Federal Department of Transportation.

1. The City maintains the right to require employees to undergo alcohol and drug testing and ALL City employees are subject to "Reasonable Suspicion" Alcohol/Drug testing during work hours.
2. If there is reason to believe that an employee is under the influence of alcohol and/or a controlled substance, the Supervisor should immediately complete the "Reasonable Suspicion Checklist" to assess whether or not it is appropriate to have the employee tested. To find check list form go to: EmployeeNet Home → Administrative Procedure Memoranda → APM 2-23.
3. The suspected employee must be supervised and/or accompanied by either the test provider or the Supervisor at all times until he or she produces a sample.
4. If you need to transport the employee to the test site, he or she must be supervised at all times. When arriving at the test location, if it is not scheduled at the employee's primary work location, locate the test collection technician. If unable to locate the technician, contact the test provider at (608) 819-8383 (24 hour/day). If it is an after-hours test (outside of 7 a.m. – 6 p.m.), the test provider will return your call within fifteen (15) minutes.
5. All information, including but not limited to notice of convictions, test results, and EAP contacts, received by the City by operation of APM 2-23 is confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

COLLECTION SITES

- Madison Metro – 1101 E. Washington Ave. (Off Ingersoll)
- Water Utility – 110 S. Patterson Street (Near loading docks)
- Water Utility – 119 E. Olin Ave. (Ground floor bathroom - near reception)
- Engineering – 1600 Emil Street (Bathroom near reception)
- Streets East – 4602 Sycamore Ave. (Office bathroom)
- Streets West – 1501 Badger Road (Office bathroom)

AFTER HOURS TESTING

- Madison Metro – 1101 E. Washington Ave. (Off Ingersoll -24hours/day)
- Water Utility – 119 E. Olin Ave. (24/hr # to gain access to ground floor bathroom is 266-4665)

Report the need to order an employee to be tested to your Supervisor, and Human Resources (Denise Nettum, Harper Donahue or Greg Leifer) as soon as possible.

If you are unable to adhere to these instructions you must contact Human Resources as soon as possible at 266-4615.

**REASONABLE SUSPICION CHECKLIST
OBSERVED BEHAVIOR**

EMPLOYEE'S NAME: _____
DATE OBSERVED: _____

DEPARTMENT: _____
TIME OBSERVED: _____ A.M. /P.M.

OBSERVATIONS: Mark items that apply and describe specifics

Breath (Odor of alcoholic beverage): Strong Faint Moderate None

Eyes:

- Bloodshot
- Heavy Eyelids
- Glassy
- Fixed Pupils
- Dilated Pupils
- Normal
- Watery
- Clear
- Other: _____

Description: _____

Speech:

- Confused
- Stuttering
- Thick-tongued
- Mumbled
- Fair
- Slurred
- Mush-mouthed
- Good
- Other: _____

Description: _____

Attitude:

- Excited
- Combative
- Hilarious
- Indifferent
- Talkative
- Insulting
- Care-free
- Cocky
- Sleepy
- Cooperative
- Profane
- Polite
- Other: _____

Description: _____

Balance:

- Falling
- Needs support
- Wobbling
- Swaying
- Other: _____

Description: _____

Walking:

- Falling
- Staggering
- Stumbling
- Swaying
- Other: _____

Description: _____

Unusual Action(s):

- Hiccapping
 - Belching
 - Vomiting
 - Fighting
 - Crying
 - Laughing
 - Other: _____
- Description: _____
- _____
- _____

Turnings:

- Falling
 - Staggering
 - Stumbling
 - Swaying
 - Other: _____
- Description: _____
- _____
- _____
- _____

Any other unusual actions or statements: _____

Signs or complaints of illness or injury: _____

Operation of a motor vehicle No Yes, Identify _____

Operation of power equipment No Yes, Identify _____

Additional Comments: _____

Supervisor: _____

Witnesses (only if available):

Signature: _____

Date: _____

Time: _____
