




"REASONABLE SUSPICION"

First, review PPM 1295. Follow all steps. Only trained and approved people can start, observe, and test.

 UFP Industries	PERSONNEL POLICY AND PROCEDURE MANUAL
	Substance Abuse (PPM 1295)

[Pre-Employment Procedural Tree](#)
[Work-Related Accident or Injury Substance Screening Decision Tree](#)
[Reasonable Suspicion Checklist - "Warning Signs" / Spanish](#)
[Reasonable Suspicion Checklist - "Current Observation Signs" / Spanish](#)
[Reasonable Suspicion Checklist - "Employee Interview" / Spanish](#)
[Reasonable Suspicion - "Analysis and Follow-Up Process" / Spanish](#)
[State Approved Substance Use Testing Policy - Maine](#)
[Click here for Spanish version of policy](#)

Next, use the checklist to find warning signs as you observe and take notes.

REASONABLE SUSPICION CHECKLIST "WARNING SIGNS"	
Employee Name: _____	Date: _____
Supervisor's Name: _____	Time: _____
Witness' Name: _____	
<small>Reasonable suspicion must be based on <u>specific, contemporaneous personal observations</u> the supervisor can articulate concerning the employee's appearance, behavior, speech, body odor, chronic effects or withdrawal effects. The observations must be made by at least one supervisor who has received training on the Company's Substance Abuse policy and Drug Test protocol.</small>	

Use the checklist for signs; only trained people can act on reasonable suspicion.

REASONABLE SUSPICION CHECKLIST "CURRENT OBSERVATION SIGNS"	
Employee Name: _____	Date: _____
Supervisor's Name: _____	Time: _____
Witness' Name: _____	
<small>Reasonable suspicion must be based on <u>specific, contemporaneous personal observations</u> the supervisor can articulate concerning the employee's appearance, behavior, speech, body odor, chronic effects or withdrawal effects. The observations must be made by at least one supervisor who has received training on the Company's Substance Abuse policy and Drug Test protocol.</small>	

Finish the Reasonable Suspicion interview form with the employee present.

REASONABLE SUSPICION QUESTIONNAIRE "EMPLOYEE INTERVIEW"	
Employee Name: _____	Date: _____
Supervisor's Name: _____	Time: _____
Witness' Name: _____	
<small>Reasonable suspicion must be based on <u>specific, contemporaneous personal observations</u> the supervisor can articulate concerning the employee's appearance, behavior, speech, body odor, chronic effects or withdrawal effects. The observations must be made by at least one supervisor who has received training on the Company's Substance Abuse policy and Drug Test protocol.</small>	

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PROWOOD™

"REASONABLE SUSPICION"

ON-SITE DRUG SCREENING CUSTODY AND CONTROL FORM

SPECIMEN ID # **70217440** LABORATORY ACCESSION NO. _____

ORL LABORATORIES
1000 GARDEN LANE, KANSAS CITY, MO 64108
816-451-2200

PLEASE NOTE: FOR CONFIRMATIONS
SEND TO ORL LABORATORIES, KANSAS CITY, MO

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client Name Address, I.D. No. **B. MRO Name, Address, Phone and Fax No.**

SUBJECT: FOREST PRODUCTS CORP
125 N. 10TH ST SOUTH
MUSKOGEE, AL 35661
I.D. NO. _____

KEVIN B. EDWARDS, INC.
19525 JANACEK CT, STE 104
BROOKFIELD, WI 53045
262-957-1967 FAX: 262-784-0188

C. Donor SSN or Employee I.D. No. _____

DONOR CONSENT: I certify that I provided my specimen to the collector that the specimen container was sealed with a tamper-proof seal in my presence and that the information provided on this form and on the label affixed to the specimen bottle is correct. I hereby give permission for the release of the results of these tests to my healthcare provider in the case of screening for employment or pre-employment. I also authorize release of the results of these tests to my employer or prospective employer and/or their authorized healthcare provider.

Name of Donor (Please Print) _____ Signature of Donor _____ Date Signed (Mo./Day/Yr) _____

Date of Birth (Mo./Day/Yr) _____ Daytime Phone Number _____ Evening Phone Number _____

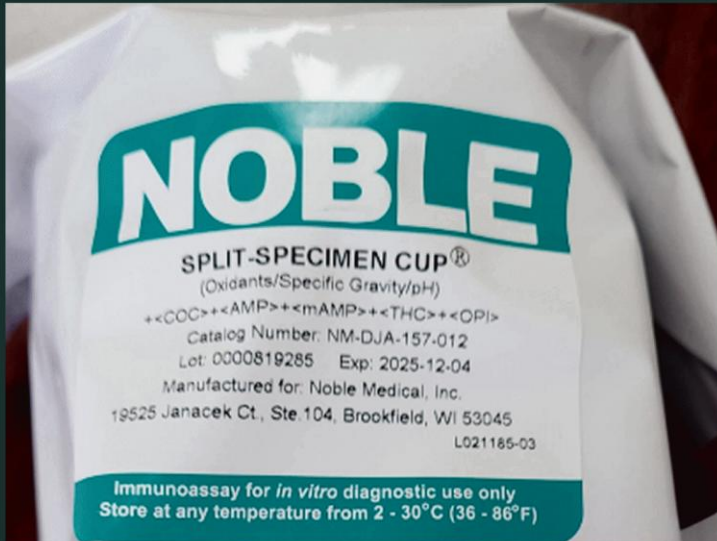
D. Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

E. Collection Site Address _____

Collector Phone No. _____ Collector Fax No. _____

If testing continues, get a chain of custody form from HR. Give one copy to the lab, one to the officer, and one to the collector.

If testing, obtain a split-specimen cup from HR, verify expiration, and collect the sample.



If the test is negative, review and send the employee back to work unless sickness or fatigue is a concern.

If test results are positive, the employee goes home for MRO review. Fired employees won't be paid.