

# East Lake Tarpon Special Fire Control District



## *SOG 125.1 Supervisors Checklist*

Implementation  
Date: 11/2000

Revision Date(s): 05/2003

Reviewed Date(s): 1/22/2019

Forms or Attachments: None

Employee Name: \_\_\_\_\_ Department \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Indicate and describe which of the following apply to the Reasonable Suspicion of controlled substance or alcohol abuse.

1. Erratic and/or Reckless behavior by an individual.

Y\_\_\_\_\_ N\_\_\_\_\_

Describe observation:

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2. Otherwise unexplained slurred speech; signs of altered motor function including inability to stay awake, poor co-ordination or staggering gait, or extreme emotional states.

Y\_\_\_\_\_ N\_\_\_\_\_

Describe observation:

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3. Observance of an individual consuming what appears to be alcohol or a controlled substance.

Y\_\_\_\_\_ N\_\_\_\_\_

Describe observation:

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4. The odor of alcohol or any controlled substance on the individual.

Y\_\_\_\_\_ N\_\_\_\_\_

Describe observation:

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5. Has the employee been given a chance to explain any of the above observations?

Y\_\_\_\_\_ N\_\_\_\_\_

Describe observation:

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6. Action taken: (Include times, dates, places, persons, and pertinent information):

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7. List Witnesses:

_____	_____
_____	_____
_____	_____

Employee's Signature

Date

Time

Supervisor's Signature

Date

Time