

East Lake Tarpon Special Fire Control District



SOP 125.1 Supervisors Checklist

**Implementation
Date: 11/2000**

Revision Date(s): 05/2003

Reviewed Date(s):

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:

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:

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

Y_____ N_____

Describe observation:

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

Y_____ N_____

Describe observation:

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

Y_____ N_____

Describe observation:

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

7. List Witnesses:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee's Signature

Date

Time

Supervisor's Signature

Date

Time