According to USDA policy, before reasonable suspicion or post-accident/unsafe practice testing is conducted, the Director of Personnel must approve the procedure. To assist in the determination, please complete this entire form to record employee observed behavior. A supervisor who is trained in the signs and symptoms of substance use and abuse must make the observation. Supervisors are not trained to diagnose any condition, only to describe the employee’s behavior.

Based on absorption and elimination rates of alcohol and drugs in the body, post-accident/unsafe practice testing must be conducted within 32 hours of the accident/incident.

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Date of Occurrence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Address:</td>
<td></td>
</tr>
</tbody>
</table>

Reporting Supervisor: 
Phone Number: 

According to USDA policy, before reasonable suspicion or post-accident/unsafe practice testing is conducted, the Director of Personnel must approve the procedure. To assist in the determination, please complete this entire form to record employee observed behavior. A supervisor who is trained in the signs and symptoms of substance use and abuse must make the observation. Supervisors are not trained to diagnose any condition, only to describe the employee’s behavior.

Based on absorption and elimination rates of alcohol and drugs in the body, post-accident/unsafe practice testing must be conducted within 32 hours of the accident/incident.

**Personnel Officer**

This is to certify that I have reviewed the documentation on __________________________________________________ submitted by 
(Employee’s Name) 
and 
(Supervisor’s Name) 
(Employee Relations Specialist)

Based upon the review, I have determined that drug testing ☐ should ☐ should not be conducted for ☐ reasonable suspicion ☐ post accident/unsafe practice testing.

The employee must be notified of testing within 2 hours of signature of this form.

**MRP Personnel Director:** Date:

*Did the employee admit to using alcohol or drugs? Yes ☐ No ☐*

**Substance:**
- ☐ Legal Employee Prescription
- ☐ Prescription Drug (not employee’s)
- ☐ Illegal Substance
- ☐ Alcohol

**When:**

<table>
<thead>
<tr>
<th>What time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**How much:**

<table>
<thead>
<tr>
<th>Dosage:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Where taken:**

| Home ☐ Work ☐ Other ☐ |

### Employee Behavior

#### 1. Walking/Balance
- ☐ Stumbling
- ☐ Staggering
- ☐ Falling
- ☐ Unable to stand
- ☐ Swaying
- ☐ Unsteady
- ☐ Holding On
- ☐ Rigid
- ☐ Sagging at knees
- ☐ Feet wide apart
- ☐ Other

#### 2. Speech
- ☐ Shouting
- ☐ Whispering
- ☐ Slow
- ☐ Rambling
- ☐ Slurred
- ☐ Slobbering
- ☐ Incoherent
- ☐ Other

#### 3. Actions
- ☐ Resisting communication
- ☐ Insulting
- ☐ Hostile
- ☐ Drowsy
- ☐ Unresponsive
- ☐ Using profanity
- ☐ Threatening
- ☐ Erratic
- ☐ Hyperactive
- ☐ Crying
- ☐ Indifferent
- ☐ Fighting/insubordinate
- ☐ Other

#### 4. Eyes
- ☐ Bloodshot
- ☐ Watery
- ☐ Dilated
- ☐ Glassy
- ☐ Droopy
- ☐ Closed
- ☐ Wearing sunglasses
- ☐ Other

#### 5. Face
- ☐ Flushed
- ☐ Pale
- ☐ Sweaty
- ☐ Other

#### 6. Appearance/Clothing
- ☐ Disheveled
- ☐ Messy
- ☐ Dirty
- ☐ Partially dressed
- ☐ Having odor
- ☐ Stains on clothing
- ☐ Other
1. Breath
- Alcohol odor
- No alcohol odor
- Marijuana odor
- Pungent odor
- Other

2. Movements
- Fumbling
- Jerky
- Slow
- Nervous
- Hyperactive
- Exaggerated reflexes
- Nodding
- Body tremors
- Other

3. Eating/Chewing
- Candy
- Mints
- Gum
- Tobacco
- Other

4. Post-Accident/Incident Information

5. Accident/Incident Reports
- Did employee receive a police citation? [ ] Yes [ ] No
- If so, please attach.
- Was a police report completed at the accident/incident scene? [ ] Yes [ ] No
- If so, please provide report number.
- Was an SF-91, Report of Motor Vehicle Accident, completed? [ ] Yes [ ] No
- If so, please attach.

6. Injured at Accident/Incident Scene
- Employee
  - Injured: [ ] Yes [ ] No
  - Fatality: [ ] Yes [ ] No
  - Medical Treatment: [ ] Yes [ ] No

7. Vehicle Damage

<table>
<thead>
<tr>
<th>Vehicle Type</th>
<th>Injured</th>
<th>Fatality</th>
<th>Medical Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOV Car</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Truck</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>ATV</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Aircraft</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Boat</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Other Vehicle</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Property Damage</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

8. Pyrotechnics/Firearms
- A firearm discharged causing bodily injury or death to a person.
- A firearm discharged causing damage to Government or privately owned property.
- A firearm, accessories (e.g., scope, suppressor), or ammunition requiring repairs and/or replacement.
- Ammunition missing and/or damaged.

9. Witness Statement and Signature

<table>
<thead>
<tr>
<th>Witness Signature:</th>
<th>Title:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

10. Supervisor Statement and Signature

<table>
<thead>
<tr>
<th>Supervisor Signature:</th>
<th>Title:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>