

CITY OF MINNEAPOLIS
REASONABLE SUSPICION DRUG AND ALCOHOL TESTING PROCEDURES
 (Links to [Policy](#) and [Notification & Consent Form](#) and [Testing Referral & Authorization Form](#))

Governing Policy: City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy

Synopsis: Establishes policy, roles and responsibilities for conducting drug & alcohol testing on current employees where reasonable suspicion has been established.

City Council Approval: Received & Filed July 31, 2009

Effective Date: July 31, 2009

Procedure History: Department Approval: July 2009

Last Revision Date: April 2, 2013

Links to Related Regulations: [Minnesota Statutes 152.02](#); [Minnesota Statutes 181.951 through 957](#); [Drug-Free Workplace Act of 1988](#)

Administering Departments: Human Resources and Finance

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Notes:

- 1) The following has been developed to assist management personnel to successfully intervene in a case of suspected drug and/or alcohol use. Before confronting any employee who may be acting in an unusual or erratic manner, *Reasonable Suspicion* must be first established. For additional information on how to determine if reasonable suspicion exists, see Section II A. and Appendix A of this document.
- 2) For represented employees it is **extremely important** to check the labor agreement for procedures that may supersede what is outlined in this document.

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I. ROLES AND RESPONSIBILITIES

All employees of the City of Minneapolis play important roles to ensure compliance with the [Reasonable Suspicion Drug & Alcohol Testing Policy](#). City employees must perform the responsibilities as outlined below and in accordance with the procedures developed for this policy.

Role	Responsibility
Employees	1. Comply with City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy .
Department Heads, Managers and Supervisors	<ol style="list-style-type: none"> 1. Understand and perform responsibilities as it pertains to managing current employees including responsibilities pertaining to Reasonable Suspicion Drug & Alcohol Testing. 2. Ensure that drug & alcohol testing is completed when reasonable suspicion has been established. 3. Before taking an employee in for a drug & alcohol test, make sure the employee has been given a copy of the Reasonable Suspicion Drug and Alcohol Testing Policy and have signed the Notification and Consent form. 4. Take employee to the clinic or contact on-site collector so a sample can be collected for drug & alcohol testing. 5. Do not allow an employee to drive or operate a City vehicle where reasonable suspicion has been established or let an employee drive home. 6. Complete and send Testing Referral and Authorization form to Medical Review Officer (MRO), Alpha Review and the HR Generalist. 7. Place employee on investigatory leave until test results are received. 8. When positive test results are received and where required: <ol style="list-style-type: none"> a. For a first offense, ensure employee is referred to a Licensed Chemical Dependency/Addiction Counselor for a Substance Abuse Assessment. b. Administer disciplinary action in accordance with the Reasonable Suspicion Drug & Alcohol Testing Policy.
HR Systems Support Analyst (HRSSA)	<ol style="list-style-type: none"> 1. Receive and review drug and alcohol test results sent from the MRO. 2. Notify HRG (or immediate supervisor) of drug and alcohol test results. 3. Ensure drug and alcohol test results are kept confidential and secure.
HR Generalist (HRG)	<ol style="list-style-type: none"> 1. Oversee, manage and assist in the delivery of HR related services being delivered to assigned customer departments. 2. Provide advice, counsel and respond to questions from managers, supervisors and employees about the Reasonable Suspicion Drug & Alcohol Testing Policy, procedures and test results and when necessary assist them in carrying out their responsibilities. 3. Notify manager when the results of the drug and alcohol test are received. 4. Ensure that the MRO is paid for drug and alcohol testing services.
Human Resources Director	<ol style="list-style-type: none"> 1. Develop and maintain procedures for implementation and ongoing maintenance of the Reasonable Suspicion Drug & Alcohol Testing Policy. 2. Ensure HR Staff are carrying out their responsibilities. 3. Ensure that the City is complying with applicable laws and regulations. 4. Determine the appropriate means of communicating the Reasonable Suspicion Drug & Alcohol Testing Policy and procedures to all employees.
Risk Management	<ol style="list-style-type: none"> 1. Administer and manage the contract with the MRO. 2. Work with MRO to resolve issues related to the delivery of testing services.
Medical Review Officer (MRO)	1. Deliver reasonable suspicion drug and alcohol testing related services in accordance with applicable laws and as described in the contract between the vendor and the City.
Minnesota Licensed Alcohol and Drug Counselor (LADC)	1. Evaluates employees who have violated the Reasonable Suspicion Drug & Alcohol Testing Policy and makes recommendations concerning education, treatment, follow-up testing and aftercare.
Authorized Representative ¹	1. Provide <i>Post Testing Notification of Rights</i> letter (Appendix B) to a tested employee after results have been received.

¹ **Police:** Health and Wellness Coordinator; **Public Works:** HR Generalist Team; **Fire:** Fire Staff Captain; **All other City departments:** HR Systems Support Analyst located in Central HR.

II. SUPERVISOR MUST DETERMINE IF REASONABLE SUSPICION EXISTS

A. Does "Reasonable Suspicion" exist as defined in Section 5 of the [City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy](#) (Reference Appendix A)? - Reasonable Suspicion exists if the Employee:

1. Is under the influence of drugs or alcohol while the employee is working or while the employee is on or near the Employer's premises or operating the Employer's vehicle, machinery, or equipment; or
2. Has used, possessed, sold or transferred drugs, alcohol or drug paraphernalia while the employee was working or while the employee was on or near the Employer's premises or operating the Employer's vehicle, machinery or equipment; or
3. Has sustained a personal injury as that term is defined in [Minnesota Statutes §176.011, Subd. 16](#), or has caused another person to die or sustain a personal injury; or
4. Was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident resulting in property damage or personal injury.
5. Engaged in conduct or behavior constituting "reasonable suspicion" as defined in any applicable labor agreement.

B. Important Guidelines for Supervisors

1. (If available) Have a second management representative observe and document the employee's behavior in an effort to confirm reasonable suspicion.
2. (If available) Have a second management representative in attendance to witness your communication of suspicion to the employee and to assist in documenting the event.
3. **Once the employee has been detained, the supervisor is responsible to not let the employee out of their sight. Moreover, do not allow the employee to eat, get a drink, go to the bathroom, go to a locker, use tobacco, change clothing, take medications, or leave your presence for any reason as the employee may try to do something that will hinder or decrease the City's ability of getting a valid sample once the drug and alcohol test is administered.**
4. Quietly remove the employee from the work environment to a private location.
5. Do not accuse the employee of drug or alcohol use.
6. Inform the employee that in your opinion they are not able to safely perform their job at this time.
7. If the employee requests union representation, the employee may contact a union representative. However, do not wait for the union representative to arrive before leaving for the test site. Time is very important and the union representative can meet you at the test site if necessary.
8. Before and during the intervention, observe and document everything you see, hear, smell and touch. Items to look for and document include: sweating, speech patterns (slurred, difficulty in speaking clearly) eyes (bloodshot, glassy), ability to walk, appears to have a dry mouth, odor of alcohol or other substance. For additional information on establishing Reasonable Suspicion, see Appendix A.
9. All documentation should be based on observable and factual events and should not include opinions and feelings. Do not say the "employee appeared drunk" or the "employee seemed high." All documentation must be retained regardless of whether the employee takes or refuses to take a drug or alcohol test. For additional information on establishing Reasonable Suspicion, see Appendix A.

C. If Reasonable Suspicion Exists

1. Verbally notify the employee that reasonable suspicion exists.
2. Verbally notify the employee they are subject to drug and alcohol testing.
3. Document what was observed, what occurred and the actions taken.
4. Go to Section III of this document "Procedure for Testing."

D. If Reasonable Suspicion does not exist: Return the Employee to Work

III. PROCEDURE FOR TESTING

A. Notification and Consent Form for Drug and Alcohol Testing

1. Before requesting an employee to undergo drug or alcohol testing, the Supervisor **must** provide the employee with the [Reasonable Suspicion Drug & Alcohol Testing Policy](#) and a [Notification and Consent Form for Drug and Alcohol Testing](#).
2. The employee must (1) sign the form acknowledging that the employee has seen a copy of the Employer's Drug and Alcohol Testing Policy, and (2) indicate consent to undergo the drug and alcohol testing.
3. If Employee refuses to sign the form; the Supervisor will: a) indicate the employee's refusal to sign and, b) sign and date the form.
4. If the employee refuses to test, see **Section VII. Refusal to Undergo Testing** on page 6 of this document.

B. Employee Prohibitions*

1. Once reasonable suspicion is determined to exist, the following must be strictly ENFORCED to ensure an accurate test:
 - a. **Employee must NOT be allowed to eat, drink or smoke.**
 - b. **Employee must NOT be granted bathroom privileges.**
 - c. **Employee must remain in constant visual contact of Supervisor until Collector is present.**

***Note:** If the employee does any of the prohibitions listed above, it may be considered a "Refusal to Test" under the policy.

C. Location of Test

1. Off-Site (See Section IV Below)
2. On-Site* (See Section V Below)

***Note:** On-site testing may be provided during after-hours, holidays, weekends and in situations where on-site testing is needed.

D. Mandatory Identification*

The testing facility will require proper identification, as follows:

1. Employee must have a picture ID.
2. Supervisor must have a picture ID.

* **Note:** If employee identification is not readily available, the test can proceed as long as the supervisor can provide a positive identification of the employee.

IV. OFF-SITE TESTING

A. If testing is to be conducted at the Off-Site Clinic:

1. Supervisor will call the City's off-site clinic, [Occupational Medicine Consultants](#) (OMC) at 952-920-5663, Monday through Friday (except holidays), between 7:30 a.m. and 5:00 p.m. If testing is needed outside of these hours, follow the procedures outlined under V. ON-SITE TESTING on this checklist.

2. Supervisor provides OMC with:

- Employee Name and Employee ID Number
- Department
- Name of Supervisor Requesting Test
- Supervisor's Telephone Number
- MUST Request Reasonable Suspicion Drug and Alcohol Test
- Contact for test results → HR → Deb Krueger, 612-673-3109, Debbie.Krueger@minneapolismn.gov

3. MUST HAVE:

- Employee with picture ID*
- Supervisor with picture ID

* **Note:** If employee identification is not readily available, the test can proceed as long as the supervisor can provide a positive identification of the employee.

4. Supervisor arranges to transport Employee to OMC immediately. OMC is located at: [6515 Barrie Road, in Edina](#). **Supervisor must accompany employee to OMC and employee must remain in visual contact of supervisor until collector is present.**
5. Supervisor completes [Drug and Alcohol Testing Referral & Authorization Form](#) for testing under the [City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy](#). The supervisor provides a copy of the form to the staff (e.g. OMC or After Hours Collector) conducting the collection and notifies their department's HRG of testing by sending them a copy of the completed form. (**Note:** The referral and authorization form needs to be completed to ensure the MRO is paid for the services provided.)
6. Employee will be asked to sign clinic provided forms (e.g. Patient Registration and Chain of Custody).
7. Supervisor shall arrange for transportation of employee from the testing facility to their home. Do NOT allow the employee to drive for safety reasons. If the employee drives a City vehicle, have the employee surrender the keys and deny them access to the vehicle. Forms of transportation to the employee's home may include: employee's spouse, family member, friend, coworker, union representative, public transportation, taxi, etc.
8. Place the employee on paid investigatory leave. Explain to the employee that the investigatory leave is not disciplinary in nature, but simply to wait for the outcome of the test results.

V. ON-SITE TESTING

A. If Testing is to be Conducted On-Site (i.e. on City premises)* remain with the employee as described above:

1. The Supervisor will call the City's on-site collector. The collector should be called directly at (651) 500-0132. If no one responds right away, leave a voice mail or text message telling them you are in urgent need of a collector and state that you are with the City of Minneapolis and provide:

- Your name and PHONE NUMBER where they can call you back immediately
- Your location and the address
- Type of test requested – ***"Reasonable Suspicion Drug and Alcohol Test"***

***Note:** Your phone call will be returned within 15 minutes.

2. When the On-Site testing representative makes contact the Supervisor provides:

- A clearly stated request for a ***"Reasonable Suspicion Drug and Alcohol Test"***
- Employee Name and Employee ID

- Department
- Name of Supervisor Requesting Test
- Supervisor's Telephone Number
- Date and Time
- Directions for travel to your location including directions for parking close to entry point
- Directions for entry into building including the name of who will meet them at the door for escort
- Directions for finding you within the building
- Indicate the exact address, room number and location for the Collector to meet the Supervisor and Employee
- Contact for test results → HR → Deb Krueger, 612-673-3109, Debbie.Krueger@minneapolismn.gov

***Note:** On-site testing may be provided during after-hours, weekends and in situations where on-site testing is needed.

3. MUST HAVE:

- Employee with picture ID*
- Supervisor with picture ID

*** Note:** If employee identification is not readily available, the test can proceed as long as the supervisor can provide a positive identification of the employee.

- Bathroom access for Employee to wash their hands
- Safe and secure environment for the collector to perform their responsibilities.

4. Once notified, the Collector will be at the site within 60 minutes.

5. Collector will have the Chain of Custody forms for signatures.

6. Supervisor shall arrange for transportation of the employee to the employee's home after testing. Do NOT allow the employee to drive for safety reasons. If the employee drives a City vehicle, have the employee surrender the keys and deny them access to the vehicle. Forms of transportation to the employee's home may include: employee's spouse, family member, friend, coworker, union representative, public transportation, taxi, etc.

7. Place the employee on paid investigatory leave. Explain to the employee that the investigatory leave is not disciplinary in nature, but simply to wait for the outcome of the test results.

8. Supervisor completes [Drug and Alcohol Testing Referral & Authorization Form](#) for testing under the City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy. The supervisor provides a copy of the form to the staff conducting the collection and notifies their department's HRG of testing by sending them a copy of the completed form. **(Note:** The referral and authorization form needs to be completed to ensure the MRO is paid for the services provided.)

VI. TEST RESULTS

A. **Test results are confidential.**

B. **The testing facility will email or fax test results to:** HR, Deb Krueger, 612-673-3109, Debbie.Krueger@minneapolismn.gov.

C. **Human Resources will inform the Employee's Supervisor of the test results.**

D. **Notification of Rights:** Once the results of the drug and alcohol test have been received by the City, the HRG will inform the employee's supervisor of the results. In addition, the HRG must notify the employee in writing of their rights per Minnesota Statute. A sample letter is included in Appendix B (Note: This letter is for HR use only).

VII. REFUSAL TO UNDERGO TESTING

- A. **Right to Refuse** - Employees have the right to refuse to undergo drug and alcohol testing. If an employee refuses to undergo drug or alcohol testing requested or required by the Employer, no such test shall be given.
- B. **Consequences of Refusal** -If any employee refuses to undergo drug or alcohol testing requested or required by the Employer, the Employer may subject the employee to disciplinary action up to and including discharge from employment.
- C. **Refusal on Religious Grounds** - No employee who refuses to undergo drug or alcohol testing of a blood sample upon religious grounds shall be deemed to have refused unless the employee also refuses to undergo alternative drug or alcohol testing methods.
- D. **Failure to Provide a Valid Sample with a Certified Result** – Includes but is not limited to:
 - 1) failing to provide a valid sample that can be used to detect the presence of drugs and alcohol or their metabolites; 2) providing false information in connection with a test; 3) attempting to falsify test results through tampering, contamination, adulteration, or substitution; 4) failing to provide a specimen (urine or blood) without a legitimate medical reason; and 5) demonstrating behavior which is obstructive, uncooperative, or verbally offensive, resulting in the inability to conduct the test.

Failure to provide a valid sample with a certified result will be treated as a refusal to undergo drug and alcohol testing under the [City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy](#) and may subject the employee to disciplinary action up to and including discharge.

VIII. SUBSTANCE ABUSE ASSESSMENTS

- A. **Action After Test** - The City will not discharge, discipline, discriminate against, or request or require rehabilitation of an employee solely on the basis of a positive test result from an initial screening test that has not been verified by a confirmatory test. Where there has been a positive test result in a confirmatory test and in any confirmatory retest (if the employee requested one), the City will do the following unless the employee has furnished a legitimate medical reason for the positive test result:

- 1. **First Offense** - Employees who test positive have certain rights under the [City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy](#) and Minnesota State Statute.

When an employee tests positive – and when this is the first such violation of the policy - the employee has the right not to be discharged unless determined by a Licensed Alcohol and Drug Counselor (LADC) to be chemically dependent and the City has first given the employee an opportunity to participate in either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the City after consultation with a LADC.

If the employee either refuses to participate in the counseling or rehabilitation program or fails to successfully complete the program, as evidenced by withdrawal or discharge from the program before its completion, the City may discharge the employee from employment.

To make a referral and access the services of a LADC, please contact your department's assigned HR Generalist.

- 2. **Second Offense** - Where an employee tests positive, and the employee has previously received one program of treatment required by the City, the City may discharge the employee from employment.

For assistance on how to effectively manage cases involving violations of the [Reasonable Suspicion Drug & Alcohol Testing Policy](#), please contact your department's assigned HR Generalist.

IX. Records Retention

The HR Department shall maintain records and related documents compiled by the City on individuals in response to drug & alcohol testing. The [City's Records Retention policies](#), the Minnesota Government Data Practices Act, and applicable Federal and State laws shall govern the storage, use and dissemination of such records. Where the use of such records are not addressed by the foregoing standards, the use and dissemination of such records, such as their availability to hiring authorities, shall be within the discretion of the HR Director or designee. The retention period assigned to these records and the Minnesota Government Data Practices Act classification are identified in the [General Retention Schedule](#).

Appendix A – City of Minneapolis Establishing Reasonable Suspicion Checklist

Directions: If you have suspicion that an employee in your work group is currently under the influence of alcohol or drugs (controlled substance), please ask another manager to confirm your suspicion, if available. If another manager is not available, please contact your supervisor to discuss the issue with him/her. If you both agree, complete the following checklist and then answer the questions at the end to determine if reasonable suspicion testing is to be performed.

Employee Name:	Employee ID #:
Department/Work Location:	Date:
EYES	SPEECH
<input type="checkbox"/> Repetitive jerking motions of the eyes <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Bloodshot eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Glazed appearance Date above observed _____ Time above observed _____ Initials _____	<input type="checkbox"/> Slurred/Incoherent speech <input type="checkbox"/> Slow deliberate speech <input type="checkbox"/> Rapid irrational speech <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Repetitive <input type="checkbox"/> Volume variance Date above observed _____ Time above observed _____ Initials _____
PSYCHOLOGICAL / MENTAL	
<input type="checkbox"/> Decreased inhibitions <input type="checkbox"/> Extreme agitation or irritability <input type="checkbox"/> Combative, aggressive, violent <input type="checkbox"/> Poor judgment <input type="checkbox"/> Inability to divide attention <input type="checkbox"/> Disorientation <input type="checkbox"/> Unpredictable Date above observed _____ Time above observed _____ Initials _____	<input type="checkbox"/> Slowed reflexes <input type="checkbox"/> Impaired performance or attention <input type="checkbox"/> Slow & deliberate responses <input type="checkbox"/> Memory loss <input type="checkbox"/> Paranoia <input type="checkbox"/> Mood changes, instability of mood <input type="checkbox"/> Incomplete verbal responses <input type="checkbox"/> Evasive Date above observed _____ Time above observed _____ Initials _____
PHYSICAL CHANGES	
<input type="checkbox"/> Unsteady walking <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Impaired balance <input type="checkbox"/> Vomiting <input type="checkbox"/> Drowsiness ("nodding off") <input type="checkbox"/> Dry mouth Date above observed _____ Time above observed _____ Initials _____	<input type="checkbox"/> Runny nose <input type="checkbox"/> Poor motor coordination <input type="checkbox"/> Increased appetite <input type="checkbox"/> Fine body tremors in hands/fingers <input type="checkbox"/> Flushed <input type="checkbox"/> Sudden and dramatic weight loss or weight gain. Date above observed _____ Time above observed _____ Initials _____
OTHER	
<input type="checkbox"/> Odor on breath, or in general area Date above observed _____ Time above observed _____ Initials _____	<input type="checkbox"/> Physical evidence(i.e. Liquor bottle, drug paraphernalia) <input type="checkbox"/> Motor Vehicle Accident Date above observed _____ Time above observed _____ Initials _____

Other Important Documentation/Notes (See Section II. B8 & B9–Important Guidelines for Supervisors):

Note: If After Hours Collector is called, note the time of the call and their time of arrival.

Does “Reasonable Suspicion” exist as defined in Section 5 of the City of Minneapolis Reasonable Suspicion Drug & Alcohol Testing Policy? - Reasonable Suspicion exists if the Employee:

1. Is under the influence of drugs or alcohol while the employee is working or while the employee is on or near the Employer’s premises or operating the Employer’s vehicle, machinery, or equipment; or
2. Has used, possessed, sold or transferred drugs, alcohol or drug paraphernalia while the employee was working or while the employee was on or near the Employer’s premises or operating the Employer’s vehicle, machinery or equipment; or
3. Has sustained a personal injury as that term is defined in [Minnesota Statutes §176.011, Subd.16](#), or has caused another person to die or sustain a personal injury; or
4. Was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident resulting in property damage or personal injury.
5. Engaged in conduct or behavior constituting “reasonable suspicion” as defined in any applicable labor agreement.

If one or more of the above conditions exist, you have reasonable suspicion to test this employee for being under the influence of either alcohol or a controlled substance. (**Note:** It is also important to be aware that in some cases, apparent intoxication or under the influence may in fact mimic a situation that is in fact a medical emergency. In such cases, it is important to call 911 to seek emergency medical services.)

Supervisor completing checklist: _____

Signature: _____

Time and Date: _____

Phone Number: _____

2nd Management Representative (if available): _____

Signature of 2nd Management Representative (if available): _____

Time and Date: _____

Phone Number: _____

Note: For represented employees (i.e. those covered by a labor agreement) it is important to check the labor agreement for procedures that supersede what is outlined in this document.

The City of Minneapolis may not discharge an employee for whom a positive test result on a confirmatory test was the first such result for the employee on a drug or alcohol test requested by the City of Minneapolis unless the following conditions have been met:

- (1) the employer has first given the employee an opportunity to participate in, at the employee's own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the employer after consultation with a Licensed Alcohol and Drug Counselor or a physician trained in the diagnosis and treatment of chemical dependency; and
- (2) the employee has either refused to participate in the counseling or rehabilitation program or has failed to successfully complete the program, as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program.

The City of Minneapolis may not discharge, discipline, discriminate against, or request or require rehabilitation of an employee on the basis of medical history information revealed to the City of Minneapolis unless the employee was under an affirmative duty to provide the information before, upon, or after hire.

An employee must be given access to information in the employee's personnel file relating to positive test result reports and other information acquired in the drug and alcohol testing process and conclusions drawn from and actions taken based on the reports or other acquired information.

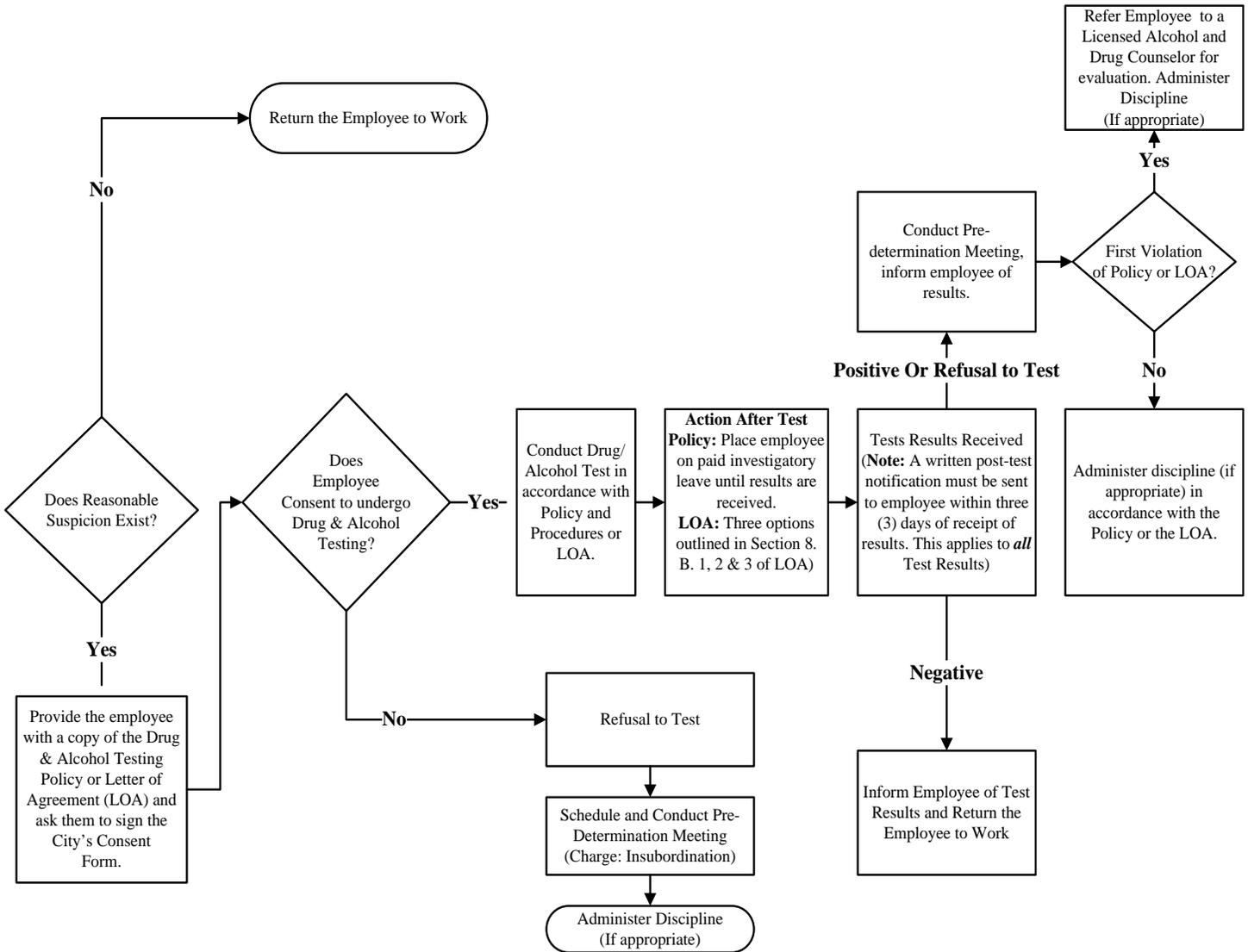
If you have any questions concerning these rights you should contact me at 612.673.XXXX.

Sincerely,

[Name]
Authorized Representative²

² **Police:** Health and Wellness Coordinator; **Public Works:** HR Generalist Team; **Fire:** Fire Staff Captain; **All other City departments:** HR Systems Support Analyst located in Central HR.

Appendix C – Reasonable Suspicion Drug & Alcohol Testing Process Depicted



Note: For represented employees it is *important* to check the labor agreement for procedures that supersede what is outlined above and contained in this document.



S-R

**CITY OF MINNEAPOLIS
SUPERVISOR'S REFERRAL & PRE-AUTHORIZATION**

REASONABLE SUSPICION

******* EMPLOYMENT SERVICES USE ONLY *******

(Do **not** use for Workers' Compensation, DOT, or for Pre-Employment Drug & Alcohol Testing)

Supervisor: Please type or print legibly in black ink when completing this form

EMPLOYEE'S NAME – LAST, FIRST, MI: (Please print)			JOB TITLE:	JOB CODE:
<input type="text"/>			<input type="text"/>	<input type="text"/>
DEPARTMENT:	DIVISION:	Did I call OMC?	BEST PHONE # TO REACH EMPLOYEE:	TODAY'S DATE:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
SUPERVISOR: (please print)			SUPERVISOR PHONE NUMBER:	
<input type="text"/>			<input type="text"/>	<input type="text"/>

INDICATE BELOW CLINIC SERVICE THE EMPLOYEE IS BEING REFERRED TO:

- OMC** (Occupational Medicine Consultants) (*BUSINESS HOURS ONLY*)
 7:30 a.m. – 5:00 p.m.
 6515 Barrie Road – Suite 150
 Edina, MN 55435 Phone: (952) 920-5663
- After Hours Collector**
 24 hour answering service: (651) 500-0132
 (Supervisor, give your name and number where you can be reached)

SEND DRUG & ALCOHOL TEST RESULTS TO: Deb Krueger, debbie.krueger@minneapolismn.gov, (612) 673-3109

SUPERVISOR REASON FOR REFERRAL:

The Drug & Alcohol Testing Referral is for:

- REASONABLE SUSPICION DRUG & ALCOHOL TESTING

For DEPARTMENT: (Job Title):

After Hours Collector was CALLED AND REQUESTED at: Date: _____ Time: _____ (Collection within 60 minutes)

COLLECTOR STATED THEY WILL MEET employee and supervisor: Building: _____ Room: _____, Street Address: _____
 Bathroom Location: _____

DIRECTIONS to Location: _____

YES NO **Supervisor:** Was the Employee COMPLIANT with your requests for NO bathroom privileges, NO water, NOTHING by mouth, and under your visual supervision the ENTIRE time?

Employee was transferred to OMC/After Hours Collector on DATE: TIME: AM OR PM

Additional Information: Use this space to provide additional information about the reason for referral, questions you need answered, or other information that would be important for the clinic to know. You may attach additional sheets if necessary.

A copy must be sent to **ALL** of the following:

- 1-Bring a copy of this form to OMC or provide a copy to the After Hours Collector Supervisor, keep a copy.
- 2-Email form to kav@occumedconsultants.com or Fax form to OMC at: (952) 920-9957
- 3-Email form to Alpha Review at: cityofminneapolis@alphareview.com or Fax form to MED at: (630) 305-8199
- 4-Email form to Deb Krueger at: debbie.krueger@minneapolismn.gov or Fax form at: (612) 673-2508
- 5-Email or Fax form to your Department's assigned HR Generalist

HR Generalist Team: Keep a copy of this form for monthly ES payments.

Questions: Call Risk Management at (612) 998-6933

Last updated - 03.11.13