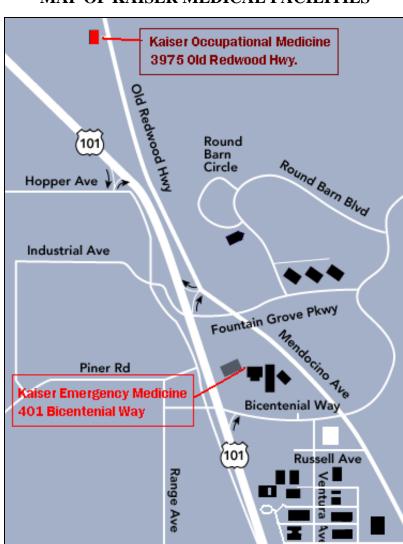
UNDER THE INFLUENCE OF DRUGS OR ALCOHOL Review Checklist

Name of E	mplovee	Dat	te.	Classification
- (W		24.		C14681117412011
Name of S	upervisor	Dat	te	Department
Name of W	Vitness	Dat	te	Classification
Location of Occurrence		Date		Time
Briefly des	cribe what you saw, heard	d and/or smel	lled:	
Reasons w	hy you have a reasonable	suspicion tha	at the emplo	yee named above was under
the influen	ce of drugs, alcohol or oth	ner intoxicant	ts. Any of th	ne following conditions are
sufficient t	o create reasonable suspic	cion and the r	need for a m	edical evaluation:
□ S	lurred speech		Change in	behavior
A	lcohol odor		Abnormal	, erratic, paranoid behavior
□ U	nsteady movement		Possession	n of alcohol or drugs
	ccident occurred		Information	on from another
□ P	hysical altercation		Drowsine	ss/sleeping on the job
□ V	erbal altercation		Inability to	o respond
	bservable phenomena			

•	The	employee's job duties consist of :					
•		you talk to the employee: No Yes. At what time?: a.m./ p.m. at did he/she say:					
	If you require the employee undergo a medical evaluation, please check here.						
	See	Map of Kaiser Medical Facilities.					
	D ₀ 4	Detroop the house of 9.20 cm and 5.00 m ===					
		ween the hours of 8:30 a.m. and 5:00 p.m.:					
	a.	Call Kaiser Permanente's Occupational Health Center at					
		(707) 566-5654 or (707) 566-5550					
	b.	Take the employee to:					
		3975 Old Redwood Highway Medical Office Building 5, Suite 152 Santa Rosa, California					
	Bet	ween the hours of 5:00 p.m. and 8:30 a.m.:					
	a.	Testing is performed at the Kaiser Emergency Department (ED)					
	b.	Drug test performed by On-site Health & Safety (510) 245-2700.					
		If no response contact Preferred Alliance Inc . (hot line), (877) 272-5227					
	c.	Take the employee to:					
		Kaiser Emergency Medicine Dept. 401 Bicentennial Way Santa Rosa, California					
).	Ren	main with employee until test is completed.					
1.	Give the attending medical professional a completed copy of this form and advise him/her of						

your observations.

- 12. Await the medical professional's evaluation.
- 13. Did the medical professional determine:
 - Fit for duty. If so, return employee to duty.
 - Not fit for duty. Have the employee driven home.
- 14. Ensure the employee's car is secure (locked and in proper parking place) or taken home by a co-worker, friend or relative.
- 15. Complete this form and give your supervisor/manager a copy.



MAP OF KAISER MEDICAL FACILITIES