

CITY OF GULFPORT
(Form to Assist With Reasonable Suspicion
Drug and Alcohol Testing)

- 1.3. Confirmation of test results (confirmatory test).
- a. An employee whose drug test yields an initial positive result shall automatically be given a second test, using gas chromatography/mass spectrometry (GC/MS) confirmatory drug testing.
 - b. In the event that the second test confirms the initial positive test results, the employee shall be notified of the results, in writing, by the Human Resources Manager or his/her designee within five (5) working days after receipt of the positive confirmed test result report from the testing laboratory. The letter of notification shall identify the particular substance found and its concentration level and inform the employee of the consequences of such report and the options available to the employee. The employee may request and receive a copy of the test result report. An opportunity shall be given to the employee to provide any information that he/she considers relevant to the test including identification of currently or recently used prescription or nonprescription drugs, or other relevant medical information. The provision of this information shall not preclude the administration of the drug test, but shall be taken into account in interpreting any positive confirmed results.
 - c. An employee whose second test (GC/MS or GC) confirms the original initial positive test result may, at the employee's own expense, have a third test conducted on the same sample, at a licensed laboratory chosen by the employee and approved by the City. Every specimen that produces a positive confirmed result shall be preserved in a frozen state by the licensed laboratory that conducts the confirmation test for a period of ninety (90) days from the time the results of the positive confirmed test are mailed or otherwise delivered to the employer. During this period, the employee who has provided the specimen shall be permitted by the employer to have a portion of the specimen retested, at the employee's expense, at the licensed laboratory chosen by the employee. The licensed laboratory that has performed the test for the employer shall be responsible for the transfer of the portion of the specimen to be retested and for the integrity of the chain of custody during such transfer.
- 1.4. Refusal to consent.
- a. Employees. An employee who refuses to consent to a drug and/or alcohol test, when reasonable suspicion of drug or alcohol use has been identified, shall be subject to disciplinary action up to and including termination.
 - b. Any Employee who attempts to or does, in fact, alter, tamper with, substitute or otherwise modify the given sample shall be deemed to have refused to consent to drug and/or alcohol testing.
- 1.5. Where to Take the Employee for Drug Testing:
Monday thru Friday; 7:30am – 3:30pm:
Medical Analysis Clinic
3310 17th Street, Gulfport, MS
228-863-6760
- CALL in order of names:
Holly McFall @ 228-861-4176
Randy Hammoms @ 228-382-4908

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Suzi Bogard @ 228-860-4908

Collector will be available within 30 minutes

OR

Transport Employee to:

Merit Health Biloxi

150 Reynoir St.

Biloxi, MS

888-977-3319

- 1.6 Nothing in these procedures shall be read to be in conflict with the Drug and Alcohol Testing Policy adopted by the Governing Authority on October 16, 2012. If there appears to be a conflict between these procedures and the Drug and Alcohol Testing Policy, the Policy shall control.

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SUPERVISOR OBSERVATION CHECKLIST

Name of Employee Observed: _____

Last Name

First Name

Date: _____ Time: _____

Print Name of Person Completing Observation: _____

Last Name

First Name

Signature of Person Completing Observation: _____

Record observations. If applicable, explain entries in the "Other" category. This is a non-exhaustive listing of areas or categories and is not intended to cover all or even most of the characteristics or acts upon which a finding of "reasonable suspicion" could be based.

**POSSIBLE ACTIONS GIVING RISE TO REASONABLE SUSPICION
TO WARRANT DRUG/ALCOHOL TESTING**

Walking _____ Stumbling _____ Staggering _____ Other _____
 _____ Swaying _____ Unsteady _____ Holding On

Standing _____ Swaying _____ Unable to Stand

Speaking _____ Shouting _____ Profanity _____ Other _____
 _____ Slurred _____ Slobbering _____
 _____ Incoherent _____ Refused to talk _____

Behavior _____ Hostile _____ Cooperative _____ Excited _____ Talkative
 _____ Sleepy _____ Crying _____ Wild

**POSSIBLE PHYSICAL CHARACTERISTICS GIVING RISE TO REASONABLE SUSPICION TO
WARRANT DURG/ALCOHOL TESTING**

Eyes _____ Bloodshot _____ Dilated _____ Other _____
 _____ Glassy _____ Constricted Pupils _____

Face _____ Pale/No Color _____ Sweaty _____ Other _____
 _____ Red/Flushed _____ Unknown _____

Personal Appearance _____ Unkempt _____ Other _____
 _____ Dirty _____

Breath _____ Strong Alcohol Odor _____ Faint Alcohol Odor

Additional observations to be added on back of page or on additional blank paper i.e. difficulty concentrating on work, pattern of poor judgment, confusion and difficulty in remembering instructions, details or previous mistakes, excessive mistakes, on the job accidents, high number of complaints by customers and/or co-workers, wide swings in mood.

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CONSENT AND RELEASE FORM

Subject to the City of Gulfport's Policies and Procedures, I hereby agree to have a urine test (or blood test, if necessary) to detect alcohol or drugs. I also agree that the report of any test may be released to the City's designated representative. I understand that if the test detects the presence of alcohol or drugs, then that shall constitute a willful and deliberate violation of the City's Employment Policies and Procedures by myself, and the City of Gulfport will take such disciplinary or other measures which, it deems appropriate, one of which may be termination.

You are advised that if you refuse to provide a urine sample for drug and/or alcohol testing, exceed the allotted reporting time, tamper with or attempt to adulterate the sample, disciplinary action will be taken against you, up to and including termination.

I acknowledge and agree that I have read and understand this document and I am freely and voluntarily signing it on my own volition.

Employee's Signature _____ Employee ID# _____

Employee's Name (Printed) _____ Date _____

Witness Signature _____ Date _____

Witness Name (Printed) _____ Job Title of Witness _____

Second Witness Signature _____ Date _____

Second Witness Name (Printed) _____ Job Title of Second Witness _____