

**FORM C: DRUG POLICY**  
**Probable Cause Report Form**  
**Unified School District No. 500**

Employee's Name: \_\_\_\_\_

Date Behavior Observed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Time Observed: from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location Where Employee Was Observed: \_\_\_\_\_

Behavior Observed: (Check All Items Which Apply)

1. Speech:    Normal \_\_\_\_\_    Incoherent \_\_\_\_\_    Confused \_\_\_\_\_    Slurred \_\_\_\_\_  
                  Whispering \_\_\_\_\_    Silent \_\_\_\_\_    Loud \_\_\_\_\_    Rapid \_\_\_\_\_  
                  Cursing \_\_\_\_\_

2. Balance:    Staggering \_\_\_\_\_    Swaying \_\_\_\_\_    Falling \_\_\_\_\_    Normal \_\_\_\_\_

3. Walking and Turning:    Normal \_\_\_\_\_    Stumbling \_\_\_\_\_

4. Arms Raised for Balance: \_\_\_\_\_ Falling \_\_\_\_\_

5. Reaching for Support: \_\_\_\_\_

6. Awareness: Normal \_\_\_\_\_    Confused \_\_\_\_\_    Sleepy \_\_\_\_\_    Paranoid \_\_\_\_\_  
                  Lack of Coordination \_\_\_\_\_    Falling \_\_\_\_\_

7. Comments of Employee (Please quote remarks, admissions, etc.) which are pertinent; such as swearing, cursing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Other observed actions or behavior (i.e., vomiting, coughing, gagging, crying, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Above behavior witnessed by:

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
Month                      Day                      Year

\_\_\_\_\_  
Month                      Day                      Year

THIS FORM MUST BE PREPARED EVERY TIME AN EMPLOYEE IS SUSPECTED OF DRUG OR ALCOHOL USE BY ACTIONS, APPEARANCE, OR CONDUCT WHILE ON DUTY. THIS FORM MUST BE COMPLETED WITHIN 24 HOURS OR BEFORE TEST RESULTS ARE RELEASED.