FORM

Evaluation criteria for making a reasonable cause determination

This document is designed to support people leaders in documenting observations and rationale when considering initiating a drug and/or alcohol test under “reasonable cause” grounds. It helps ensure decisions are made fairly, consistently, and in line with Contact’s standard and legal obligations.
Reasonable cause testing should only be initiated when there is “objective evidence” or “” observable behaviour” that suggests an employee may be under the influence of drugs or alcohol while at work. This tool assists in recording those observations clearly and professionally, protecting both the employee and the organisation.

Person’s name who is being assessed:

Site:_____

Date(s):_____

Knowing the Signs

The indicators listed below are potential "warning signs" of a problem:

Moods:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (e.g. outbursts of crying)
- Mood changes after lunch or breaks

Actions:

- Withdrawn or improperly talkative
- Spends an excessive amount of time on the telephone
- Argumentative
- Has an exaggerated sense of self-importance
- Displays violent behaviour
- Avoids talking with supervisor regarding work issues

Absenteeism:

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as "emergencies."
- Unusually high incidence of colds, flu, upset stomach, headaches
- Frequent use of unscheduled annual leave
- Leaving the work area more than necessary (e.g. frequent trips to the bathroom)
- Unexplained disappearances from the job with difficulty in locating the person
- Requesting to leave work early for various reasons

Accidents:

- Taking needless risks
- Disregard for the safety of others
- Higher than average accident rate on and off the job

Work Patterns:

- Inconsistency in quality of work
- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

Relationship to Others on the Job:

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees/workers
- Persistent job transfer requests
- Complaints of problems at home, such as separation, divorce and child discipline problems

Observing And Documenting Current Indicators

Patterns of any of the above conduct or combinations of behaviour may occur but must be accompanied by the risk of impairment indicators to establish "reasonable cause". Please tick all indicators listed below that are **currently** present:

Constricted pupils	Drowsiness
Dilated pupils	Odour of alcohol
Scratching	Nasal secretion
Red or watering eyes	Dizziness
Involuntary eye movements	Muscular incoordination
Sniffles	Unconsciousness
Excessively active	Inability to verbalise
Nausea or vomiting	Irritable
Flushed skin	Argumentative
Sweating	Difficulty concentrating
Yawning	Slurred speech
Twitching	Bizarre behaviour
Violent behaviour	Needle marks

Possession of paraphernalia (such as a syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can)
Possession of a substance that appears to be a drug or alcohol
Other

Determining Reasonable Cause

If you can document one or more of the indicators above, ask yourself these questions to establish reasonable cause:

- Has some form of risk of impairment been shown in the employee/worker's appearance, actions or work performance?
- Does the risk of impairment result from the possible use of drugs or alcohol?
- Are the facts reliable? Did you witness the situation personally, or are you sure the witness(es) are reliable and have provided first-hand information?
- Are the facts capable of explanation?
- Are the facts capable of documentation?
- Is the risk of impairment current, today, now?

Do NOT proceed with reasonable cause testing unless all the above questions are answered with a YES.

Taking Action

Two signatories are required to ensure that the decision to initiate reasonable cause testing is based on objective, corroborated observations, reducing the risk of bias and supporting a fair and transparent process.

Reasonable cause established Y/N

People Leader Name:_____

People leader's signature:_____

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Secondary Approver Name: _____

Secondary Approver Signature:_____

Person's Name _____

I _____ acknowledge that I have been entered into the Contact Energy Health Rehabilitation Programme and that my continued employment with Contact Energy is subject to the following:

I am committed to full participation in the programme with the service provider(s) specified by Contact Energy. I authorise the service provider to release the following information to Contact Energy:

- Whether I have kept appointments.
- Whether the service provider has recommended a course of treatment.
- Whether I am following that course.
- Whether a return to work is appropriate and within what timeframe; and
- Whether I have completed the required treatment.

I agree to take this course outside work hours or use leave entitlements, if required and approved, to participate during work hours. I agree to take up to 6 subsequent drug and/or alcohol tests at random intervals when requested by my manager in the 12 months following my approved rehabilitation programme and agree to release the results to my employer.

I accept that if:

- I do not attend or complete the required course or
- On any future occasion, including the six tests referred to above, I return a positive drug or alcohol test or
- I refuse to take any of the six subsequent tests.

Contact Energy will treat this as serious misconduct, which may result in disciplinary action up to and including summary dismissal.

I accept the terms of this contract, which I acknowledge may be in addition to or vary the terms of my current employment agreement.

Signed:

_____ Person

_____ Business Partnering & Operations Manager

_____ Date