

**CITY OF KINGSTON  
CONSENT/WAIVER FORM**

**As a City of Kingston employee, I understand that I may be tested for drug or alcohol at random according to Section VII of the Personnel Policy. I also understand that as an employee of the city, if I refuse to take a drug or alcohol test, I may be subject to disciplinary action up to and including termination.**

**Signed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Employee**

**Witnessed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Department Head**

Employee Name: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Location of Event: \_\_\_\_\_  
 Observation Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 Was employee performing a safety-sensitive duty? Yes No

The following observations were made of the employee identified above:

Check ALL specific and contemporaneous observations and document the following:

**BEHAVIOR**

- unsteady gait, stumbling
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

**APPEARANCE**

- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

**SPEECH**

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

**BODY ODORS**

- alcohol
- marijuana

Other observations: \_\_\_\_\_

Supervisor Name (print or type) \_\_\_\_\_ Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional witnesses (optional)

Witness Name (print or type) \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**TEST DETERMINATION**

DOT       NON-DOT

Reasonable Suspicion Alcohol Test

Reasonable Suspicion Drug Test

No Test Required

Employee Refused Test

NO Test Conducted

8 hours elapsed for alcohol test

32 hours elapsed for drug test

Employee transported for medical care

Other (explain): \_\_\_\_\_

Employee transported to collection site by: \_\_\_\_\_  
 Time of Transport: \_\_\_\_\_ a.m./p.m.      Collection Facility: \_\_\_\_\_

**For EAP (Employee Assistance) Referral:**

**NATIONAL HOTLINE NUMBERS**

Alcohol and Drug Referral Hot Line 1-800-252-6465

Child Help's - National Child Abuse Hot Line 1-800-422-4453

National A.I.D.S. Hot Line 1-800-342-2437

National Cocaine Hot Line 1-800-262-2463

National Hepatitis Hot Line 1-800-223-0179

National Runaway Switchboard and Suicide Hot Line 1-800-621-4000

National Sexually Transmitted Disease Hot Line 1-800-227-8922

**NATIONAL ASSISTANCE GROUPS**

Alcoholics Anonymous 1-800-344-2666

Food and Drug Administration 1-301-443-1240

M.A.D.D. 1-800-438-6233

Narcotics Anonymous 1-818-780-3951

AL-ANON Family Group Headquarters 1-800-356-9996

Nat'l Institute of Drug Abuse, Drug Info., Treatment 1-800-662-4357

Families Anonymous 1-800-736-9805

S.A.D.D. 1-508-481-3568

Tough Love 1-800-333-1069

American Cancer Society 1-800-227-2345

Council of Compulsive Gambling 1-800-426-7711

**LOCAL DRUG AND ALCOHOL REHABILITATION CONTACTS**

Centerpointe Alcohol & Drug ~ Knoxville 865-523-4704

Midway Rehab Center ~ Knoxville 865-522-0301

Drug Rehab Knoxville ~ 865-221-7255