

# DAMP Reasonable Suspicion Assessment Form

**Note: On completion of assessment, forward this form along with any attachments (e.g. attendance records) to People & Performance for confidential record keeping.**

Assessment Date:	Time:	DAMP Supervisor:
SSAA Employee Name:	Department:	Responsible Manager:

1) How was suspicion raised of the individual? (e.g. witness reports, observed behaviours)

2) Are there any behaviours observed that support reasonable suspicion that the individual may be under the influence of drugs or alcohol? (e.g. slurred speech, poor mental alertness, aggressiveness, smell of alcohol or cannabis etc.)

3) Has the individual had any increases in absences from work? If so provide details (where relevant).

4) Can any of these behaviours be explained by any medical conditions or personal issues? (e.g. personal loss, illness etc.)

5) Has the SSAA Employee consumed any alcohol recently? If so when and how much and when was their last drink?

6) Has the SSAA Employee consumed any drugs? If so DAMP testing required.

7) Do you have reasonable suspicion the SSAA Employee may be under the influence of drugs or alcohol?

Yes—please provide a summary of facts that has led you to this conclusion and follow-up actions taken.

No—please provide a summary of follow-up actions taken. *(NOTE: If Reasonable Suspicion does not exist however behaviours have been explained by either medical or personal issues recommend the SSAA Employee seek assistance through the Employee Assistance Program (EAP) or through a medical practitioner. If neither medical or personal issues are present note that no further follow-up required).*

If Reasonable Suspicion exists, please confirm the SSAA Employee has been stood down from SSAA duties and has been advised as such. (tick)  CONFIRMED

Has the SSAA Employee's manager or immediate supervisor been advised? (tick)

Yes  No If no, why? \_\_\_\_\_

### Drug & Alcohol Testing

Please indicate the testing provider engaged:

Sydney Airport Medical Centre

MedVet—Please indicate location testing conducted: (tick)

Terminal 1

Terminal 2

Lauriston Park

DAMP Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_