

Reasonable Suspicion Training

for Supervisors of Safety Sensitive Positions Train the Trainer

**July 17, 2020
November 2, 2020**

Chesapeake Region Safety Council
2555 Lord Baltimore Drive, Suites N-R Baltimore, MD 21244
Call CRSC at 800-875-4770 for questions
Class Time: 8:00am to 3:00pm



Introduction:

- Purpose and Scope
- Other Resources
- Reasonable Suspicion
- Employer's Responsibilities (40.11-40.27)
- Alcohol Suspicion
- Drug Suspicion
- Signs & Symptoms

Administration:

- Recordkeeping
- Documentation
- Confidentiality



**Employee Assistance Programs
Rehabilitation and Treatment:**

- Employee Assistance Programs
- Rehabilitation & Treatment Samples

Course Outline:

Education and Training:

- Signs & Symptoms of Alcohol & Controlled Substances Use
- Detection Periods
- Alcohol
- Amphetamine
- Cocaine
- Cannabinoids (Marijuana)
- Including Local Updates on Medical Marijuana
- Opiates (Narcotics)
- Phencyclidine (PCP)

Types of Testing:

- Pre-Employment Testing
- Reasonable Suspicion Testing
- Post Accident Testing
- Random Testing
- Pre-Employment Verification
- Alcohol & Controlled Substances
- Accident Testing Report
- Random Testing Documentation Form
- Observed Behavior Reasonable Suspicion Record

Course Price:

\$395 for Members

(Fee Includes lunch, refreshments, Instructor Resource Workbook, Alcohol/Drug Supervisory Training PowerPoint Presentation on CD, and Reasonable Suspicion video on DVD)

\$475 for Non-Members

Registration Form- Please FILL OUT the Course Info Below:

Class Name: Reasonable Suspicion TTT **Class Date:** (month/day/yr) ____/____/____ **Location:** (city, state) _____, _____

Student Name(s): _____

Company: _____ **Email:** _____

Address: _____ **City, State, Zip:** _____

Phone #: _____ **Fax #:** _____

4730

Indicate Payment Method: (please check) **Are you a CRSC/NSC Member?** Yes _____ or No _____ **if Yes provide member #** _____

Check Enclosed _____ Please Invoice _____ Visa _____ Mastercard _____ American Express _____ Discover _____

Card # _____ **CID #** _____ **Exp. Date:** _____ **Name on Card:** _____

You can mail this form to:
Chesapeake Region Safety Council - 2555 Lord Baltimore Drive, Suites N-R, Baltimore, MD 21244
Call to register: 800-875-4770 **Fax:** 410-281-1350 **Register online** at www.chesapeakeesc.org
Make checks payable to: Chesapeake Region Safety Council