



Cleveland Division of Police Alcohol/Drug Screening Form

Date: _____

Time: _____

Name: _____ Badge/ID# _____

Assignment: _____

(Supervisor shall read the order and its basis to the member)

I order you at this time to submit a sample of your breath/urine to test for the presence of alcohol, illegal drugs or legal non-prescribed drugs. You will be placed on paid administrative leave until notified by the Medical Director or their designee.

If you refuse or otherwise fail to submit this sample, you are immediately relieved of duty. Permission to engage in secondary employment is automatically terminated. You shall immediately surrender Division issued weapons. Approval for personal weapon use is revoked. You are subject to disciplinary action that may include dismissal.

_____ probationary police officer _____ police officer _____ non-sworn member

For supervisors: Testing ordered on evidence of current intoxication requires relieving the member of all weapons, not permitting the member to drive and relief of duty once the sample is submitted.

Facts/circumstances that constitute reasonable suspicion and involve an otherwise unexplained:

- _____ police vehicle accident with serious injury to any person/property.
 - _____ incident that results in serious injury to any person.
 - _____ impairment visually observed.
 - _____ determined by the Chief, Deputy Chief, Medical Director _____.
- (NAME)

To Member:

I understand that I am ordered to submit a breath/urine sample. Refusal or failure to obey this order may subject me to disciplinary action including dismissal, and the results of this test may **only** be used for administrative purposes

Member's signature: _____

Type/print name of supervisor issuing order: _____

Signature of supervisor issuing the order: _____

Signature of supervisor indicating a refusal to sign, or list name(s) and signature(s) of other supervisor(s) who witness this order:

_____.

