

Alcohol, Drug, and Controlled Substances Reasonable Suspicion Checklist for Testing Employees

Name of Observed Employee: _____

Location: _____

Time: _____ Date: _____

Administrators will use this Checklist only when they become aware that one of their employees is acting or behaving in a manner that is inconsistent with their normal behavior at work. The Administrator will then use this Checklist, in accordance with their training, to determine if there is “Reasonable Suspicion” for testing.

“Reasonable suspicion” may be found where an administrator of the District detects that an employee is under the influence of alcohol, drugs or controlled substances at work and has made observations regarding an employee that are specific, contemporaneous, articulable, and relate to the employee’s appearance, behavior, speech, and/or body odor. The observations relating to an employee being under the influence of alcohol, drugs or controlled substances and giving rise to reasonable suspicion must be related to the performance of the employee’s duties and responsibilities during, just preceding, or just after the period of the work day and includes activities in which the employee is representing the District or a reasonable person could assume the employee is representing the District.

When there is “reasonable suspicion” that an employee at work is under the influence of alcohol, drugs, or controlled substances, the administrator observing the behavior will complete the checklist below. If you check an item in one of the ten boxes below, please use the “General Observation” section in the box to provide additional detail of the employee’s behavior. Note: There is no minimum or required number of observations needed to reach the “reasonable suspicion” finding.

Observation Checklist:**1. Walking**

<input type="checkbox"/> Holding onto furniture / other persons	<input type="checkbox"/> Staggering
<input type="checkbox"/> Stumbling	<input type="checkbox"/> Swaying
<input type="checkbox"/> Unable to walk	<input type="checkbox"/> Falling
<input type="checkbox"/> Unsteady	
<input type="checkbox"/> Normal	
<input type="checkbox"/> General observation regarding walking: _____	

2. Standing

<input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering
<input type="checkbox"/> Feet wide apart	<input type="checkbox"/> Falling
<input type="checkbox"/> Unable to stand	<input type="checkbox"/> Off balance
<input type="checkbox"/> Rigid	<input type="checkbox"/> Uncoordinated
<input type="checkbox"/> Normal	
<input type="checkbox"/> General observation regarding standing: _____	

3. Movements

<input type="checkbox"/> Fumbling	<input type="checkbox"/> Slow
<input type="checkbox"/> Dropping items	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Jerking/twitching	<input type="checkbox"/> Uncoordinated
<input type="checkbox"/> Normal	
<input type="checkbox"/> General observation regarding movements: _____	

4. Speech

<input type="checkbox"/> Shouting	<input type="checkbox"/> Slow
<input type="checkbox"/> Whispering	<input type="checkbox"/> Mute
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred
<input type="checkbox"/> Drooling / slobbering	<input type="checkbox"/> Incomprehensible
<input type="checkbox"/> Rambling	
<input type="checkbox"/> Normal	
<input type="checkbox"/> General observation regarding speech: _____	

5. Demeanor and Actions

<input type="checkbox"/> Cooperative <input type="checkbox"/> Polite <input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Excited / Calm (circle) <input type="checkbox"/> Hostile / Volatile <input type="checkbox"/> Fighting <input type="checkbox"/> Threatening <input type="checkbox"/> Inability to follow simple direction <input type="checkbox"/> Aggressive <input type="checkbox"/> Normal <input type="checkbox"/> General observation regarding demeanor and actions: _____ _____	<input type="checkbox"/> Sleepy <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Crying / emotional <input type="checkbox"/> Argumentative <input type="checkbox"/> Agitated <input type="checkbox"/> Resisting Communication <input type="checkbox"/> Hyperactive <input type="checkbox"/> Erratic / mood swings <input type="checkbox"/> Providing incorrect answers or changing answers
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6. Eyes

<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Excessive or irregular blinking <input type="checkbox"/> Droopy <input type="checkbox"/> Normal <input type="checkbox"/> General observations regarding eyes: _____ _____	<input type="checkbox"/> Half opened / wide open (circle one) <input type="checkbox"/> Unable to maintain eye contact <input type="checkbox"/> Unable to focus <input type="checkbox"/> Dilated / constricted pupils (circle one)
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7. Face

<input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> General observation regarding face: _____ _____	<input type="checkbox"/> Sweaty at room temperature in a cool environment
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8. Appearance of clothing / hair

<input type="checkbox"/> Clothing worn different than usually worn by employee <input type="checkbox"/> Unusually stained or soiled clothing <input type="checkbox"/> Normal <input type="checkbox"/> General observation regarding appearance of clothing / hair: _____ _____	<input type="checkbox"/> Odor <input type="checkbox"/> Partially dressed <input type="checkbox"/> Inappropriate for work
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9. Breath

<input type="checkbox"/> Alcohol odor	<input type="checkbox"/> Strong mouth wash odor
<input type="checkbox"/> Sweet / pungent	<input type="checkbox"/> Eating mints / chewing gum
<input type="checkbox"/> Marijuana odor	
<input type="checkbox"/> Normal	
<input type="checkbox"/> General observation regarding breath: _____	

10. Miscellaneous

<input type="checkbox"/> Presence of alcohol, drugs or controlled substances on employee's person
<input type="checkbox"/> Presence of alcohol, drugs or controlled substances in employee's vicinity, describe: _____
<input type="checkbox"/> Employee admission concerning use of alcohol, drug or controlled substances
<input type="checkbox"/> Employee admission concerning possession of alcohol, drugs or controlled substances
<input type="checkbox"/> Employee admission to being under the influence of alcohol, drugs or controlled substances
<input type="checkbox"/> Employee admission to inability to perform work functions due to alcohol, drugs or controlled substances
<input type="checkbox"/> General observation: _____

11. Witnesses

If there are witnesses to the employee's conduct, appearance or demeanor, which you used to help establish "reasonable suspicion" list the names and witness observations below:

12. Other Observations not Set Forth Above

13. Employee's Explanation (if any) of Reasons for their Conduct, Appearance or Demeanor

14. Please identify the person you contacted for the purposes of obtaining a second opinion as to "Reasonable Suspicion." The person providing the second opinion shall be one of the following individuals, including the District's Director of Human Resources or his/her Designee or a Director of School Support and/or a fellow building administrator:

Name: _____

Once the above portion of the form has been completed by the administrator and a determination has been made as to reasonable suspicion, the administrator will inform the employee whether an alcohol, drug or controlled substances test will be requested. If a test is requested, the administrator will then follow the District policy regarding Alcohol, Drug and Controlled Substances Testing for Employees.

_____ Employee has agreed to testing

_____ Employee has refused testing

Administrator Signature

Date

Witness Signature

Date

Administrator completing this form shall forward the original to Human Resources. Administrator shall not retain a hard copy or electronic copy of the completed checklist.