

Reasonable Suspicion Checklist

The following checklist should be completed when a manager or supervisor suspects controlled substance or alcohol use based on the physical appearance and behavior of the employee. Also completing the checklist should be all other managers or supervisors who witnessed the employee being unfit for duty.

PART 1: EMPLOYEE INFORMATION

Employee Name: _____

Employee Job Title: _____

Observation Date: _____

Observation Time (indicate a.m. or p.m.): _____

Location: _____

PART 2: OBSERVATIONS

(Place a **checkmark** next to any of the following observations exhibited by the employee).

Reasonable Suspicion Determined for: **Alcohol** **Controlled Substance**

Nature of Incident/Cause for Suspicion

- 1. Observed/reported possession or use of a prohibited substance (including a complaint)
- 2. Apparent drug or alcohol use
- 3. Observed abnormal or erratic behavior
- 4. Arrest or conviction for drug-related and/or driving while intoxicated offense
- 5. Evidence of tampering on a previous drug and/or alcohol test
- 6. Admission by the employee of possession or use of a prohibited substance
- 7. Other (e.g., flagrant violation of safety rules or serious misconduct, accident or "near miss," fighting or argumentative/abusive language, refusal to follow supervisor's instructions, unauthorized absence on the job) (Please specify)

PHYSICAL

Walking:

_____ Holding on; _____ Stumbling; _____ Unable to walk; _____ Unsteady
_____ Swaying; _____ Staggering; _____ Falling; _____ Other (describe) _____

Standing:

_____ Swaying; _____ Feet wide apart; _____ Unable to stand; _____ Rigid; _____
_____ Staggering; _____ Sagging at knees; _____ Dizziness; _____ Other (describe) _____

Movements:

_____ Fumbling; _____ Jerky; _____ Nervous; _____ Slow; _____ Normal; _____ Hyperactive;
_____ Reduced reaction time; _____ Not following tasks; _____ Diminished coordination;
_____ Tremors; _____ Other (describe) _____

_____ Shaking/twitching

Eyes:

_____ Bloodshot; _____ Watery; _____ Droopy; _____ Glassy; _____ Closed;

_____ Dilated/Constricted Pupils; _____ Other (describe) _____

Face:

_____ Flushed; _____ Pale; _____ Sweaty; _____ Other (describe) _____

_____ Runny nose; _____ Sores around nostrils

Breath:

_____ No alcoholic odor; _____ Faint alcoholic odor; _____ Alcoholic odor; _____ Chemical odor;

_____ Sweet/pungent tobacco odor; _____ Heavy use of breath spray;

_____ Irregular or difficult; _____ dry mouth/frequent swallowing or lip wetting;

Other (describe) _____

Speech:

_____ Whispering; _____ Slurred; _____ Shouting; _____ Incoherent; _____

_____ Slobbering; _____ Silent; _____ Rambling; _____ Mute; _____ Slow; _____

_____ Abusive; _____ Inappropriate verbal responses; _____ Drooling;

_____ Other (describe) _____

Appearance:

_____ Neat; _____ Unruly; _____ Messy; _____ Dirty; _____ Stains on clothing;

_____ Disheveled; _____ Marijuana Odor; _____ Partially dressed;

_____ Bodily excrement stains; _____ Visible puncture marks or tracks; _____ Burnt rope smell on

clothes, hair, body; _____ Excessive sweating in cool area; _____ Inappropriate wearing of long sleeves

or sunglasses; _____ Puncture marks; _____ Other (describe) _____

BEHAVIORAL

Demeanor:

_____ Disoriented; _____ Euphonic; _____ Talkative; _____ Confused;

_____ Cooperative; _____ Calm; _____ Talkative/Rapid Speech; _____ Polite;

_____ Sarcastic; _____ Irritable; _____ Sleepy; _____ Crying; _____ Sleeping on job;

_____ Argumentative; _____ Excited; _____ Extreme nervousness; _____ withdrawn; _____

_____ Mood swings; _____ Overreacts to minor things; _____ Excessive laughter;

_____ Forgetful; _____ Other (describe) _____

Actions:

_____ Hostile; _____ Fighting; _____ Profanity; _____ Drowsy; _____ Threatening; _____ Erratic;

_____ Hyperactive; _____ Calm; _____ Resisting communication; _____ Paranoid;

_____ Aggression; _____ Possessing, using or distributing an illegal substance;

_____ Baseless panic; _____ Extreme Agitation; _____ Other (describe) _____

Appetite:

_____ Always munching on something; _____ Constantly chewing gum; _____ Frequently eating candy; _____ Popping mints often; _____ Other (describe) _____

Miscellaneous

_____ Presence of alcohol and/or drugs in employee's possession or vicinity

_____ On-the-job misconduct by employee

_____ Employee admission to alcohol and/or drug use or possession

_____ Nausea or vomiting

_____ Dizziness or fainting

Corroborating Witnesses

(List names of all witnesses to the employee's conduct below)

Other Observations

(List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

PART 3: EMPLOYEE'S RESPONSE

(Document below the employee's explanation or reasons for his/her conduct)

PART 4: ACTION PLAN

Once the above parts of this Reasonable Suspicion Checklist are completed by you and a witness, you can proceed to an action plan in a meeting with the employee. Remember to follow your company's procedures as outlined in its drug-free policy.

Place a **checkmark** next to the applicable action as agreed upon with the employee:

- Employee has agreed to testing
- Employee has **not** agreed to testing
- Employee referred to MAP/EAP
- No further action at this time

Supervisor/Manager Signature

Date

Time

Supervisor/Manager Signature

Date

Time

Witness Signature

Date

Time