

Reasonable Suspicion Checklist

Employee Name: _____

Observation Date: _____

Employee Job Title/Unit/Dept.: _____

Observation Time: _____ am / pm

Observing Supervisor's Name: _____

Was employee performing a safety-sensitive duty?

Second Observing Supervisor's Name: _____

Yes No

When there is reasonable suspicion that an employee is under the influence of alcohol and/or a prohibited drug substance, the employee's supervisor as well as another supervisor/manager as witness, if possible, must note all pertinent behavior and physical signs or symptoms that led the supervisor to reasonably believe that the employee has recently used or is under the influence of alcohol and/or a prohibited drug substance. The supervisor shall mark each applicable item on this form and describe any additional facts or circumstances that the supervisor has noted.

Check ALL specific observations occurring during work that apply, and add additional comments as needed:

Unusual Behavior

<input type="checkbox"/> Unsteady Gait/Stumbling	<input type="checkbox"/> Drowsy/Sleepy/Lethargic	<input type="checkbox"/> Agitated/Anxious/Restless	<input type="checkbox"/> Hostile/Belligerent
<input type="checkbox"/> Irritable/Moody	<input type="checkbox"/> Depressed/Withdrawn	<input type="checkbox"/> Unresponsive/Distracted	<input type="checkbox"/> Clumsy/Uncoordinated
<input type="checkbox"/> Tremors/Shakes	<input type="checkbox"/> Flu-like Illness Complaints	<input type="checkbox"/> Suspicious/Paranoid	<input type="checkbox"/> Hyperactive/Fidgety
<input type="checkbox"/> Elated	<input type="checkbox"/> Sullen	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Dazed
<input type="checkbox"/> Holding On While Walking	<input type="checkbox"/> Falling Down	<input type="checkbox"/> Staggering	<input type="checkbox"/> Unable To Walk
<input type="checkbox"/> Swaying	<input type="checkbox"/> Rigid	<input type="checkbox"/> Sagging At Knees	<input type="checkbox"/> Closed Eyes / Dozing
<input type="checkbox"/> Other: _____			

Appearance

<input type="checkbox"/> Flushed Complexion	<input type="checkbox"/> Sweating	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Glassy Eyes
<input type="checkbox"/> Cold, Clammy Sweats	<input type="checkbox"/> Tearing/Watery Eyes	<input type="checkbox"/> Unfocused, Blank Stare	<input type="checkbox"/> Dilated (Large) Pupils
<input type="checkbox"/> Alcohol-like Smell	<input type="checkbox"/> Unkempt hair/clothing	<input type="checkbox"/> Wearing Sunglasses Indoors	<input type="checkbox"/> Constricted (Small) Pupils
<input type="checkbox"/> Marijuana-like Smell	<input type="checkbox"/> Physical Injury	<input type="checkbox"/> Unusual Eye Movements	<input type="checkbox"/> Dazed
<input type="checkbox"/> Dry Mouth (swallowing/lip-wetting)	<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Runny Nose / Nostril Sores	<input type="checkbox"/> Puncture Marks/ "Tracks"
<input type="checkbox"/> Other: _____			

Speech

<input type="checkbox"/> Slurred/Thick	<input type="checkbox"/> Confused	<input type="checkbox"/> Silent	<input type="checkbox"/> Swearing
<input type="checkbox"/> Yelling	<input type="checkbox"/> Mumbling	<input type="checkbox"/> Loud	<input type="checkbox"/> Whispering
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Rapid / Pressured	<input type="checkbox"/> Excessively Talkative	<input type="checkbox"/> Nonsensical / Silly
<input type="checkbox"/> Exaggerated Enunciation	<input type="checkbox"/> Rambling	<input type="checkbox"/> Slow	<input type="checkbox"/> Slobbering
<input type="checkbox"/> Other: _____			

Job Performance and Interpersonal Behavior

<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Sleeping on Job	<input type="checkbox"/> Crying on Job	<input type="checkbox"/> Resisting Communication
<input type="checkbox"/> Unexplained Disappearances	<input type="checkbox"/> Long Breaks or Lunches	<input type="checkbox"/> Late to Work	<input type="checkbox"/> Job Accidents
<input type="checkbox"/> Frequent Bathroom Breaks	<input type="checkbox"/> Frequent Water Fountain Breaks	<input type="checkbox"/> Low Productivity	<input type="checkbox"/> Wasting Materials
<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Verbal Abusiveness	<input type="checkbox"/> Physical Abusiveness	<input type="checkbox"/> Extreme Aggressiveness
<input type="checkbox"/> Inappropriate Verbal Responses	<input type="checkbox"/> Erratic / Inappropriate Behavior	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Hostile
<input type="checkbox"/> Profanity	<input type="checkbox"/> Stains on Clothing	<input type="checkbox"/> Inappropriately Dressed	<input type="checkbox"/> Disregard for Safety
<input type="checkbox"/> Needs More Supervision than Usual	<input type="checkbox"/> Customer Complaints	<input type="checkbox"/> Leaves Work Early	<input type="checkbox"/> Damaging Company Property
<input type="checkbox"/> Deteriorating Physical Condition	<input type="checkbox"/> Co-Worker Complaints	<input type="checkbox"/> Variety of Excuses	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> Other: _____			

Other Reasons For Cause For Suspicion

- Observed possession or use of a controlled substance
- Observed possession or consumption of alcohol while on the job
- Employee reported possession or use of a controlled substance
- Employee reported possession or consumption of alcohol while on the job
- Employee reported reporting to work under the influence of alcohol
- Presence of alcohol and/or drugs in employee's possession or vicinity
- Other: _____

Other Observations: (if accident, provide details)

Written Summary:

Summarize the facts and circumstances of the accident or incident, employee response, supervisor actions, and any other pertinent information not previously noted on this form. Attach additional sheets as needed.

Signature of Observing Supervisor: _____ Date: _____

Signature of Second Observing Supervisor: _____ Date: _____

Alcohol/Drug Tests should be administered as soon as practicable following the accident or incident. Once the above portion of the form has been completed, you are now ready to take a position with the employee. Be certain to follow company procedures.

TEST DETERMINATION: DOT NON-DOT

<input type="checkbox"/> Reasonable Suspicion Alcohol Test	<input type="checkbox"/> Employee transported to collection site
<input type="checkbox"/> Reasonable Suspicion Drug Test	by _____
<input type="checkbox"/> Reasonable Suspicion Drug/Alcohol Test	Time of Transport: _____ am / pm
<input type="checkbox"/> No Test Required	Collection Facility: _____
<input type="checkbox"/> Employee Refused Test	