

# REASONABLE SUSPICION CHECKLIST

The following checklist should be completed when a manager or supervisor suspects drug or alcohol use based on the physical appearance and behavior of the employee.



* Your Name	* Date / Time

## EMPLOYEE INFORMATION

Employee Name	Employee Job Title
Observation Date / Time	Location ----- ----- ----- -----

## PHYSICAL OBSERVATIONS

<b>Walking</b> <input type="checkbox"/> Holding on <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other	<b>Standing</b> <input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Unable to stand <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Dizziness <input type="checkbox"/> Other
<b>Movements</b> <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Reduced reaction time <input type="checkbox"/> Not following tasks <input type="checkbox"/> Diminished coordination <input type="checkbox"/> Tremors <input type="checkbox"/> Other	<b>Eyes</b> <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Droopy <input type="checkbox"/> Glassy <input type="checkbox"/> Closed <input type="checkbox"/> Dilated / Constricted pupils <input type="checkbox"/> Other
<b>Face</b> <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Other	<b>Breath</b> <input type="checkbox"/> No alcoholic odor <input type="checkbox"/> Faint alcoholic odor <input type="checkbox"/> Alcoholic odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Sweet / pungent tobacco odor <input type="checkbox"/> Heavy use of breath spray <input type="checkbox"/> Other
<b>Speech</b> <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Slobbering <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Slow <input type="checkbox"/> Other	<b>Appearance</b> <input type="checkbox"/> Neat <input type="checkbox"/> Unruly <input type="checkbox"/> Messy <input type="checkbox"/> Dirty <input type="checkbox"/> Stains on clothing <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Partially dressed <input type="checkbox"/> Bodily excrement stains <input type="checkbox"/> Visible puncture marks or tracks <input type="checkbox"/> Burnt rope smell on clothes, hair, body <input type="checkbox"/> Excessive sweating in cool area <input type="checkbox"/> Other

## BEHAVIORAL OBSERVATIONS

<p><b>Demeanor</b></p> <input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Talkative / Rapid speech <input type="checkbox"/> Polite <input type="checkbox"/> Sarcastic <input type="checkbox"/> Sleepy <input type="checkbox"/> Crying <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Argumentative <input type="checkbox"/> Excited <input type="checkbox"/> Withdrawn <input type="checkbox"/> Mood swings <input type="checkbox"/> Overreacts to minor things <input type="checkbox"/> Excessive laughter <input type="checkbox"/> Forgetful <input type="checkbox"/> Other	<p><b>Actions</b></p> <input type="checkbox"/> Hostile <input type="checkbox"/> Fighting <input type="checkbox"/> Profanity <input type="checkbox"/> Drowsy <input type="checkbox"/> Threatening <input type="checkbox"/> Erratic <input type="checkbox"/> Hyperactive <input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Paranoid <input type="checkbox"/> Possessing, using or distributing an illegal substance <input type="checkbox"/> Baseless panic <input type="checkbox"/> Other
<p><b>Appetite</b></p> <input type="checkbox"/> Always munching on something <input type="checkbox"/> Constantly chewing gum <input type="checkbox"/> Frequently eating candy <input type="checkbox"/> Popping mints often <input type="checkbox"/> Other	<p><b>Miscellaneous</b></p> <input type="checkbox"/> Presences of alcohol and/or drugs in employee's possession or vicinity <input type="checkbox"/> On the job misconduct by employee <input type="checkbox"/> Employee admission to alcohol and/or drug use or possession

## 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.

<p>Other observation details</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>List of witnesses to employee's conduct</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<p>Employee's response</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	

## ACTION PLAN

Action Plan details

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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

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Supervisor/Manager Signature Date

# of Witnesses

*#1 - # of Witnesses*

Witness Signature

\_\_\_\_\_

Witness Signature Date

*#2 - # of Witnesses*

Witness Signature

Witness Signature Date

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*#3 - # of Witnesses*

Witness Signature

Witness Signature Date

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