

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. Also completing the checklist should be all other managers or supervisors who witnessed the employee being unfit for duty.

Employee Name _____ Job Title _____

Observation Date _____ Observation Time (Indicate a.m. or p.m.) _____

Location _____

PART II: OBSERVATIONS

Place a check mark next to any of the following observations exhibited by the employee.

WALKING

- Holding on
- Unable to walk
- Staggering
- Unsteady
- Stumbling
- Other (describe)
- Falling

STANDING

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

MOVEMENTS

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

EYES

- Bloodshot
- Droopy
- Glassy
- Dilated/Constricted Pupils
- Watery
- Other (describe)
- Closed

FACE

- Flushed
- Pale
- Other
- Sweaty

BREATH

- No alcoholic odor
- Alcoholic odor
- Chemical odor
- Heavy use of breath spray
- Faint alcoholic odor
- Other (describe)
- Sweet/pungent odor

SPEECH

- Whispering
- Shouting
- Other (describe)
- Silent
- Mute
- Slurred
- Incoherent
- Slobbering
- Rambling
- Slow

APPEARANCE

- Unruly
- Dirty
- Stains on clothing
- Visible puncture
- marks or tracks
- Messy
- Other (describe)
- Partially dressed
- Excessive sweating in cool area

DEMEANOR

- Talkative/Rapid Speech
- Sarcastic
- Sleepy
- Crying
- Argumentative
- Other (describe)
- Excited
- Withdrawn
- Mood swings
- Overreacts to minor things
- Excessive laughter
- Forgetful

ACTIONS

- Hostile
- Fighting
- Profanity
- Drowsy
- Threatening
- Other (describe)
- Erratic
- Baseless Panic
- Resisting communication
- Paranoid
- Hyperactive

APPETITE

- Always eating something
- Constantly Chewing Gum
- Other (describe)
- Frequently Eating Candy
- Popping Mints Often

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

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 III: EMPLOYEE'S RESPONSE

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

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 check mark next to the applicable action as agreed upon with the employee:

- Employee has agreed to testing
- Employee has not agreed to testing
- No further action at this time

Supervisor/Manager Signature _____ Date: _____

Supervisor/Manager Signature _____ Date: _____

Witness Signature _____ Date: _____