## **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. 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.)         PHYSICAL         Walking: Holding on; Stumbling; Unable to walk; Unsteady; Staggering; Swaying; 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)
Eyes:Bloodshot;Watery;Droopy;Glassy;Closed;Dilated/Constricted Pupils;Other (describe)
Face: Flushed; Pale; Sweaty; Other (describe)
Breath: No alcoholic odor; Faint alcoholic odor; Alcoholic odor; Chemical odor; Sweet/pungent tobacco odor; Heavy use of breath spray; Other (describe)
Speech: Whispering; Slurred; Shouting; Incoherent; Slobbering; Silent; Rambling; Mute; Slow; Other (describe)
Appearance:       Neat;       Unruly;       Messy;       Dirty;       Stains on clothing;       Marijuana         Odor;       Partially dressed;       Bodily excrement stains;       Visible puncture marks or tracks;          Burnt rope smell on clothes, hair, body;       Excessive sweating in cool area;       Other         (describe)

BEHAVIORAL

 Actions:
 \_\_\_\_\_\_\_ Hostile;
 \_\_\_\_\_\_\_ Fighting;
 \_\_\_\_\_\_ Profanity;
 \_\_\_\_\_\_ Drowsy;
 \_\_\_\_\_\_ Threatening;
 \_\_\_\_\_\_ Erratic;

 \_\_\_\_\_\_\_ Hyperactive;
 \_\_\_\_\_\_ Calm;
 \_\_\_\_\_\_ Resisting communication;
 \_\_\_\_\_\_ Paranoid;
 \_\_\_\_\_\_ Possessing, using

 or distributing an illegal substance;
 \_\_\_\_\_\_\_ Baseless Panic;
 \_\_\_\_\_\_ Other

 (describe)
 \_\_\_\_\_\_\_
 \_\_\_\_\_\_\_

Appetite: \_\_\_\_\_ Always munching on something; \_\_\_\_\_ Constantly Chewing Gum; \_\_\_\_\_ Frequently Eating Candy; \_\_\_\_\_ Popping Mints Often; \_\_\_\_\_ Other (describe)

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

MISCELLANEOUS: On-the-job misconduct by employee \_\_\_\_\_ admission to alcohol and/or drug use or possession

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

(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.) OTHER OBSERVATIONS

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 promptly forward this documentation to LER.

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

\_\_\_\_ Employee has agreed to testing

\_\_\_\_ Employee referred to EAP agreed to testing

\_\_\_\_\_ No further action at this time

Supervisor/Manager Signature

Supervisor/Manager Signature

Witness Signature

Date

Date

Date