

Reasonable Suspicion Checklist, Page 1

Name of Observed Employee _____

Location _____

Time _____ am _____ pm **Date** _____

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "other" is checked, please describe.

Observation Checklist

Walking:	<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	
Standing:	<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"/> Other		
Speech:	<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"/> Other	
Demeanor:	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Calm	<input type="checkbox"/> Talkative
	<input type="checkbox"/> Polite	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Sleepy
	<input type="checkbox"/> Crying	<input type="checkbox"/> Silent	<input type="checkbox"/> Sleeping on the job
	<input type="checkbox"/> Other		
Actions:	<input type="checkbox"/> Hostile	<input type="checkbox"/> Fighting	<input type="checkbox"/> Profanity
	<input type="checkbox"/> Threatening	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Erratic
	<input type="checkbox"/> Resisting Communication	<input type="checkbox"/> Other	
Eyes:	<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Droopy
	<input type="checkbox"/> Glassy	<input type="checkbox"/> Closed	<input type="checkbox"/> Other
Face:	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty
	<input type="checkbox"/> Other		
Appearance/ Clothing:	<input type="checkbox"/> Neat	<input type="checkbox"/> Unruly	<input type="checkbox"/> Messy
	<input type="checkbox"/> Having odor	<input type="checkbox"/> Partially dressed	<input type="checkbox"/> Stains on clothing
	<input type="checkbox"/> Bodily excrement stains	<input type="checkbox"/> Other	
Breath:	<input type="checkbox"/> No alcoholic odor		<input type="checkbox"/> Faint alcoholic odor
	<input type="checkbox"/> Alcoholic odor		<input type="checkbox"/> Sweet/pungent tobacco odor
	<input type="checkbox"/> Heavy usage, breath spray	<input type="checkbox"/> Other	
Movements:	<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"/> Other		
Eating/ Chewing:	<input type="checkbox"/> Gum	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints
	<input type="checkbox"/> Other		

Reasonable Suspicion Checklist, Page 2

Miscellaneous: Presence of alcohol and/or drugs in associate's possession or vicinity
 On the job misconduct by employee
 Employee admission concerning alcohol use and/or drug use or possession
 If there are witnesses to employee's conduct, list below:

Other Observations: (if accident, provide details)

Employee's Explanation of Reasons for His/Her Conduct:

Once above portion of form has been completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in our drug-free policy.

Employee has agreed to testing (check one) Employee has not agreed to testing

Supervisor/Manager Signature

Date

Witness Signature

Date