

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: ☐ Holding on ☐ Stumbling ☐ Unable to walk
 ☐ Unsteady ☐ Staggering ☐ Swaying
 ☐ Falling ☐ Other _____

Standing: ☐ Swaying ☐ Feet wide apart ☐ Unable to stand
 ☐ Rigid ☐ Staggering ☐ Sagging at knees
 ☐ Other _____

Speech: ☐ Whispering ☐ Slurred ☐ Shouting ☐ Slow
 ☐ Incoherent ☐ Slobbering ☐ Silent ☐ Mute
 ☐ Rambling ☐ Other _____

Demeanor: ☐ Cooperative ☐ Calm ☐ Talkative ☐ Excited
 ☐ Polite ☐ Sarcastic ☐ Sleepy ☐ Argumentative
 ☐ Crying ☐ Silent ☐ Sleeping on the job
 ☐ Other _____

Actions: ☐ Hostile ☐ Fighting ☐ Profanity ☐ Drowsy
 ☐ Threatening ☐ Hyperactive ☐ Erratic ☐ Calm
 ☐ Resisting Communication ☐ Other _____

Eyes: ☐ Bloodshot ☐ Watery ☐ Droopy ☐ Dilated
 ☐ Glassy ☐ Closed ☐ Other _____

Face: ☐ Flushed ☐ Pale ☐ Sweaty
 ☐ Other _____

Appearance/ ☐ Neat ☐ Unruly ☐ Messy ☐ Dirty
Clothing: ☐ Having odor ☐ Partially dressed ☐ Stains on clothing
 ☐ Bodily excrement stains ☐ Other _____

Breath: ☐ No alcoholic odor ☐ Faint alcoholic odor
 ☐ Alcoholic odor ☐ Sweet/pungent tobacco odor
 ☐ Heavy usage, breath spray ☐ Other _____

Movements: ☐ Fumbling ☐ Jerky ☐ Nervous
 ☐ Slow ☐ Normal ☐ Hyperactive
 ☐ Other _____

Eating/ ☐ Gum ☐ Candy ☐ Mints
Chewing: ☐ 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