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**REASONABLE SUSPICION CHECKLIST**

The following checklist should be completed when a manager or supervisor suspects an employee is under the influence of drugs or alcohol at work. Please contact your HR Generalist before completing this checklist. This checklist must be completed by two observers, preferably those in a leadership role.

# PART 1: EMPLOYEE INFORMATION

Employee Name:

Employee Job Title:

Supervisor Name/Job Title:

2nd Observer Name/Job Title:

Observation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observation Time (indicate a.m. or p.m.): \_\_ Location:

**PART 2: OBSERVATIONS**

(Each observer must place their **INITIALS** next to any of the following observations exhibited by the employee. Two observable items by two different supervisors should occur prior to testing for reasonable suspicion.)

**PHYSICAL**

# Walking:

Holding on; Stumbling; Unable to walk; Unsteady; Staggering;

Swaying; Falling; Normal; \_\_\_\_Other (describe)

# Standing:

Swaying; Feet wide apart; Unable to stand; Rigid; Staggering;

Sagging at knees; Dizziness; Normal; \_\_\_\_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; \_\_Normal; \_\_\_\_Other (describe)\_

# Face:

Flushed; Pale; Sweaty; Other (describe)

# Odor:

No alcoholic odor; Alcoholic odor; \_ Chemical odor;

Sweet/pungent tobacco odor; \_\_Heavy use of breath spray; Normal; Marijuana Odor; \_\_\_\_Burnt rope smell on clothes, hair, body;

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

# Speech:

Whispering; Slurred; Shouting; Incoherent; Slobbering; Silent;

Rambling; Mute; Slow; Normal; \_\_\_\_Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appearance:

Neat; Unruly; Messy; Dirty; Stains on clothing;

Partially dressed; \_ Bodily excrement stains;\_ Visible puncture marks or tracks; \_\_\_\_\_Excessive sweating in cool area; \_\_\_\_\_Normal;

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

**BEHAVIORAL (outside the typical behavior of the individual)**

# Demeanor:

Cooperative; Calm; Talkative/Rapid Speech; \_Overly Polite; Sarcastic; Sleepy; Crying;\_\_\_\_\_Sleeping on job; \_\_\_\_Argumentative; Excited; \_\_\_\_\_Withdrawn; \_\_Mood swings; \_\_\_\_\_Overreacts to minor things; Excessive laughter; \_\_\_\_\_Forgetful; \_\_\_\_\_Normal; \_\_\_\_\_Other (describe) \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Actions:

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

Hyperactive; Calm; Resisting communication; Avoidance;­

\_\_\_\_Paranoid; Possessing, using or distributing an illegal substance; Baseless Panic; Normal; \_\_\_\_\_Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appetite:

Always munching on something; \_\_Constantly Chewing Gum;

Frequently Eating Candy; \_\_\_Popping Mints Often; \_\_\_\_\_\_Normal;

Other (describe)

**Miscellaneous**

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

On-the-job misconduct by employee. Describe the misconduct below.

Employee admission to alcohol and/or drug use or possession.

**CORROBORATING WITNESSES**

(List names and job titles of all supervisors who witnessed the employee’s conduct.)

**OTHER OBSERVATIONS**

(List below any other observations not included in this checklist. Provide and describe details of the behaviors marked and observed above, such as what the employee said or did. Provide details for any accident that the employee in question caused or was involved in.)

# PART 3: EMPLOYEE’S RESPONSE

(Document the employee’s response when asked about his/her behaviors.)

# PART 4: ACTION PLAN

Once the previous sections of this Reasonable Suspicion Checklist are completed by you and another supervisor who witnessed the concerns, you can proceed to an action plan in a meeting with the employee. Please discuss what action you’d like to take with your HR Generalist prior to taking any action.

Risk Management Notified (Please circle): Yes No

Name of who notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time Notified\_\_\_\_\_\_\_\_\_\_\_\_

HR GeneralistNotified (Please circle): Yes No

Name of who notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time Notified\_\_\_\_ \_\_\_

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

Employee has agreed to testing (Transportation will be provided to the employee. The employee will not transport themselves.)

* Date & Time of Departure to Testing Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date & Time of Arrival at Testing Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name and location of Testing Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee **refused** testing (refusal to test results in adverse action, place on paid administrative leave)

Employee referred to EAP

No further action at this time

Supervisor/Manager Signature Date

2nd Observer Signature Date

**ONLY CONDUCT THE SPECIFIC TEST (DRUGS OR ALCOHOL) IF SIGNS AND SYMPTOMS OBSERVED SUPPORT THAT TEST. IF YOU OBSERVE SIGNS AND SYMPTOMS FOR BOTH DRUGS AND ALCOHOL OR YOU ARE UNSURE OF WHAT MAY BE CAUSING THE CONCERNS, BE SURE TO HAVE THE EMPLOYEE TESTED FOR BOTH.**