



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 Generalist Notified (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.