

**REASONABLE SUSPICION CHECKLIST
(CONFIDENTIAL)**

Employee Name: _____ Employee Job Title: _____

Date: _____ Time of Observation: _____

Location of Observation: _____

The employee must exhibit at least one articulable fact that you directly observed regarding specific physical, behavioral, odorous, or performance indicators sufficient to create reasonable suspicion warranting a drug or alcohol test.

Section A. Physical, Behavioral, and Odorous Indicators. Check all that apply.

- | <u>Behavioral</u> | <u>Appearance</u> | <u>Speech</u> |
|--|---|--|
| <input type="checkbox"/> Unsteady gait, stumbling | <input type="checkbox"/> Flushed complexion | <input type="checkbox"/> Slurred, thick |
| <input type="checkbox"/> Drowsy, lethargic, | <input type="checkbox"/> Clammy, sweating | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Agitated, anxious, | <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Exaggerated enunciation |
| <input type="checkbox"/> Hostile, belligerent | <input type="checkbox"/> Tearing, watery eyes | <input type="checkbox"/> Loud, boisterous |
| <input type="checkbox"/> Irritable, moody | <input type="checkbox"/> Irritable, moody | <input type="checkbox"/> Rapid, pressured |
| <input type="checkbox"/> Depressed, withdrawn | <input type="checkbox"/> Large (dilated) pupils | <input type="checkbox"/> Excessively talking |
| <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Small pupils | <input type="checkbox"/> Nonsensical, silly |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Clumsy, uncoordinated | <input type="checkbox"/> Cursing, inappropriate |
| <input type="checkbox"/> Clumsy, uncoordinated | <input type="checkbox"/> Unfocused, blank stare | |
| <input type="checkbox"/> Tremors, shakes | <input type="checkbox"/> Disheveled clothing | <u>Body Odors</u> |
| <input type="checkbox"/> Suspicious, paranoid | <input type="checkbox"/> Unkempt appearance | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Hyperactive, fidgety | <input type="checkbox"/> Consistent nosebleeds | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Inappropriate | | |
| <input type="checkbox"/> Frequent breath-freshener use | | |

Other Observations: _____

Section B. Quality and Quantity of Work

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Clear refusal to do assigned tasks |
| _____ | _____ | 2. Repeated errors in spite of increased guidance |
| _____ | _____ | 3. Reduced quantity of work |
| _____ | _____ | 4. Behavior that disrupts workflow |
| _____ | _____ | 5. More than usual supervision necessary |
| _____ | _____ | 6. Other _____ |

Section C. Interpersonal Work Relationships

- | | | |
|-------|-------|---|
| Yes | No | |
| _____ | _____ | 1. Significant change in relations with co-workers, supervisors |
| _____ | _____ | 2. Frequent or intense arguments |
| _____ | _____ | 3. Physical abusiveness |
| _____ | _____ | 4. Intentional avoidance of supervisor |
| _____ | _____ | 5. Complaints by co-workers or subordinates (angry, outbursts, temper-tantrums) |
| _____ | _____ | 6. Demanding, rigid, inflexible |
| _____ | _____ | 7. Other _____ |

Section D. General Job Performance

- | | | |
|-------|-------|---|
| Yes | No | |
| _____ | _____ | 1. Excessive absences in last 12 months |
| _____ | _____ | 2. Frequent Monday/Friday absences or other patterns |
| _____ | _____ | 3. Major change in duty or responsibility |
| _____ | _____ | 4. Interferes with or ignores established procedures |
| _____ | _____ | 5. Experiences or causes job related accidents. <i>Post-accident testing may be warranted where reasonable suspicion of drug or alcohol use exists after an accident. If applicable, this box should be checked "yes" and the circumstances creating the reasonable suspicion after an accident, in addition to any applicable indicators above, should be further described in the space below.</i> |

Articulate facts creating reasonable suspicion of drug or alcohol use after an accident:
(attach additional sheets if necessary)

Signatures:

I hereby certify that the information given above is true to the best of my knowledge.

_____	_____	_____
Employee/Witness Name	Employee/Witness Signature	Date

_____	_____	_____
Supervisor/Witness* Name	Supervisor/Witness Signature	Date

*When a non-supervisor employee has reasonable suspicion, the signature of the supervisor (or a second witness) should also be obtained if possible, but is not required.