

Reasonable Suspicion Checklist

Name of Observed Employee: _____

Location: _____

Time: _____ a.m. _____ p.m. 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, 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"/> Normal | | |
| <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"/> Normal | | | |
| <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"/> Mute | <input type="checkbox"/> Slow | <input type="checkbox"/> Normal |
| <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"/> Sleeping on job | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Other _____ | | | | |

Actions:

- | | | | | |
|--|-----------------------------------|------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Fighting | <input type="checkbox"/> Profanity | <input type="checkbox"/> Drowsy | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Erratic | <input type="checkbox"/> Calm | <input type="checkbox"/> Tremor | |
| <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"/> Dilated | <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"/> Runny nose | <input type="checkbox"/> Sores |
| <input type="checkbox"/> Frequent sniffing | | | | |
| <input type="checkbox"/> Other _____ | | | | |

Appearance:

- | | | | | |
|--------------------------------------|---------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Neat | <input type="checkbox"/> Unruly | <input type="checkbox"/> Messy | <input type="checkbox"/> Dirty | |
| <input type="checkbox"/> Other _____ | | | | |

Clothing:

- | | | | | |
|--|-------------------------------|--|--|--|
| <input type="checkbox"/> Stains on clothing | <input type="checkbox"/> Odor | <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Bodily excrement stains | |
| <input type="checkbox"/> Inappropriate wearing of sunglasses | | | | |
| <input type="checkbox"/> 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 Dropping things Slowed reaction time Lack of coordination
- Other _____

Eating/Chewing:

- Gum Candy Mints
- Other _____

Miscellaneous:

- Presence of alcohol and/or drugs in employee’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 their 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.

(Check one)

- Employee has agreed to testing Employee has not agreed to testing

Supervisor/Manager Signature

Date

Witness Signature

Date