



Reasonable Suspicion Checklist

(The following checklist should be completed when a manager or supervisor suspects drug or alcohol use based on the physical appearance and behavior of the employee. Also completing the checklist should be all other managers or supervisors who witnessed the employee being unfit for duty.)

PART 1: EMPLOYEE INFORMATION

Employee Name: _____

Employee Job Title: _____

Observation Date: _____

Observation Time (indicate a.m. or p.m.): _____

Location: _____

PART 2: OBSERVATIONS

(Place a **checkmark** next to any of the following observations exhibited by the employee.)

PHYSICAL

Walking:

____ Holding on; ____ Stumbling; ____ Unable to walk; ____ Unsteady; ____ Staggering;
____ Swaying; ____ Falling; ____ Other (describe) _____

Standing:

____ Swaying; ____ Feet wide apart; ____ Unable to stand; ____ Rigid; ____ Staggering;
____ Sagging at knees; ____ Dizziness; ____ 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; ____ Other (describe) _____

Face:

____ Flushed; ____ Pale; ____ Sweaty; ____ Other (describe) _____

Breath:

____ No alcoholic odor; ____ Faint alcoholic odor; ____ Alcoholic odor; ____ Chemical odor;
____ Sweet/pungent tobacco odor; ____ Heavy use of breath spray;
____ Other (describe) _____



Speech:

___ Whispering; ___ Slurred; ___ Shouting; ___ Incoherent; ___ Slobbering; ___ Silent;
___ Rambling; ___ Mute; ___ Slow; ___ Other (describe) _____

Appearance:

___ Neat; ___ Unruly; ___ Messy; ___ Dirty; ___ Stains on clothing;
___ Marijuana Odor; ___ Partially dressed; ___ Bodily excrement stains;
___ Visible puncture marks or tracks; ___ Burnt rope smell on clothes, hair, body;
___ Excessive sweating in cool area; ___ Other (describe) _____

BEHAVIORAL

Demeanor:

___ Cooperative; ___ Calm; ___ Talkative/Rapid Speech; ___ Polite; ___ Sarcastic;
___ Sleepy; ___ Crying; ___ Sleeping on job; ___ Argumentative; ___ Excited;
___ Withdrawn; ___ Mood swings; ___ Overreacts to minor things; ___ Excessive laughter;
___ Forgetful; ___ Other (describe) _____

Actions:

___ Hostile; ___ Fighting; ___ Profanity; ___ Drowsy; ___ Threatening; ___ Erratic;
___ Hyperactive; ___ Calm; ___ Resisting communication; ___ Paranoid;
___ Possessing, using or distributing an illegal substance; ___ Baseless Panic;
___ Other (describe) _____

Appetite:

___ Always munching on something; ___ Constantly Chewing Gum;
___ Frequently Eating Candy; ___ Popping Mints Often;
___ Other (describe) _____

MISCELLANEOUS

___ Presence of alcohol and/or drugs in employee's possession or vicinity
___ On-the-job misconduct by employee
___ Employee admission to alcohol and/or drug use or possession

CORROBORATING WITNESSES

(List names of all witnesses to the employee's conduct below)



OTHER OBSERVATIONS

(List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

PART 3: EMPLOYEE'S RESPONSE

(Document below the employee's explanation or reasons for his/her conduct)

PART 4: ACTION PLAN



Once the above parts of this Reasonable Suspicion Checklist are completed by you and a witness, you can proceed to an action plan in a meeting with the employee. Remember to follow your company’s procedures as outlined in its drug-free policy.

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

- Employee has agreed to testing
- Employee has **not** agreed to testing
- Employee referred to MAP/EAP
- No further action at this time

Supervisor/Manager Signature	Date
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Supervisor/Manager Signature	Date
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Witness Signature	Date
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