

Reasonable Suspicion Checklist

Name of Observed Employee

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time am \_\_\_\_\_\_pm 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, if possible, must complete the checklist below. Where “Other” is checked, please describe.

Observation Checklist

Walking: Holding on Stumbling Unable to walk

 Unsteady Staggering Swaying

 Falling

 Other

Standing: Swaying Feet wide apart Unable to stand

 Rigid

 Staggering Sagging at knees

 Other

Speech: Whispering Slurred Shouting

 Incoherent Slobbering Silent

 Rambling Mute

 Slow

 Other

Demeanor:  Cooperative Calm

 Talkative Polite

 Sarcastic Sleepy Crying

 Sleeping on job Argumentative Excited

 Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actions: |  Hostile |  Fighting |  Profanity |  Drowsy |
|  |  Threatening |  Hyperactive |  Erratic |  Calm |

 Resisting communication

 Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eyes: |  Bloodshot |  Watery |  Droopy |  Dilated |
|  |  Glassy |  Closed |  |  |

 Other

Face: Flushed Pale

 Sweaty

 Other

Appearance/ Neat

 Unruly Messy Dirty

Clothing: Stains on clothing Odor Partially dressed

 Bodily excrement stains

 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

 Other

Reasonable Suspicion Checklist

Eating/ Gum

 Candy Mints

Chewing: Other

Miscellaneous Presence of alcohol and/or drugs in associate’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