

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