

**Reasonable Suspicion Checklist, Page 1**

**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, 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/  
Clothing:**     Neat                       Unruly                       Messy                       Dirty  
                    Stains on clothing                       Having 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, Page 2

Eating/ Chewing:  Gum  Candy  Mints  
 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 His/Her 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