

**(Name of Employer)**  
**Reasonable Suspicion Determination Checklist**

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Time of Observation: \_\_\_\_\_

Observing Supervisor's Name: \_\_\_\_\_

2nd Observing Supervisor's Name: \_\_\_\_\_

**INSTRUCTIONS FOR SUPERVISORS**

1. Document all pertinent behavior and physical signs and symptoms that leads you to reasonably believe the employee has recently used, or is under the influence of, alcohol and/or a prohibited controlled substance.
2. Mark any applicable items on this form and describe in detail any additional facts or circumstances you have noted.

**PHYSICAL SIGNS AND/OR SYMPTOMS (Observable Indicators)**

Please check all indicators listed below that are CURRENTLY present.

**NOTE:** Patterns of unusual behavior may occur but must be accompanied by one or more of the following observable and documented indicators of impairment to establish "reasonable cause."

- Presence or possession of substance that appears to be drugs or alcohol
- Presence or possession of paraphernalia that appears to be drug or alcohol related
- Odor of alcohol
- Odor of marijuana
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess to the skin
- Flushed skin
- Highly excitable or nervous
- Nausea or vomiting
- Unsteady bearing or other loss of physical control

- Slurred or incoherent speech
- Dizziness or fainting
- Shaking hands or body tremors/twitching
- Irregular or difficulty breathing
- Runny nose or sores around nostrils
- Inappropriate wearing of sun glasses
- Needle marks or "tracks"

**OBSERVATIONS UNUSUAL BEHAVIOR(S)** (Observable Warning Signs)

Please check all warning signs listed below that are CURRENTLY present.

- Withdrawn, depressed, moody and/or unresponsive
- Avoidance of supervisor and/or coworkers
- Inappropriate verbal response to questioning or instructions
- Extreme aggressiveness or agitation, suspicious, argumentative
- Verbal abusiveness
- Physical abusiveness
- Increase in absenteeism, tardiness and/or use of unscheduled vacation or leave time
- Increase in unnecessary time away from work station
- Unexplained disappearances from work station
- Higher than average accident rate on and off the job
- Inconsistency in quality of work
- Increased difficulty in handling complex situations
- Other erratic or inappropriate behavior (confusion, carelessness, difficulty recalling instructions)

**WRITTEN SUMMARY**

Summarize the facts and circumstances of the incident or accident, employee response, supervisor actions, witnesses or any other pertinent information not previously noted on this form. (Attach additional sheets as needed).

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