REASONABLE SUSPICION CHECKLIST

Supervisor/Manager: Record observations of employee's appearance and behavior that you believe may be the result of use of controlled substances or alcohol misuse.

NAME OF EMPLOYEE OBSERVED	DATE OF OBSERVATION	TIME OF OBSERVATION
		____:____ hr. mins. ☐ A.M. ☐ P.M.

PRIMARY OBSERVER (Print)	SECOND OBSERVER, if available (Print)

LOCATION OF OBSERVATION	

OBSERVATIONS (*Check all appropriate items)*

Determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

SPEECH
- ☐ Normal
- ☐ Slowed
- ☐ Rapid
- ☐ Silent
- ☐ Loud
- ☐ Confused
- ☐ Slurred
- ☐ Talkative
- ☐ Hostile

ALERTNESS
- ☐ Normal
- ☐ Drowsy
- ☐ Energized

OVERT MOOD
- ☐ Normal
- ☐ Elated, "up"
- ☐ Fearful
- ☐ Anxious
- ☐ Irritable
- ☐ Angry
- ☐ Sad, depressed

BALANCE
- ☐ Normal
- ☐ Swaying
- ☐ Staggering
- ☐ Falling

NOSE
- ☐ Sniffing
- ☐ Runny
- ☐ Reddened

EYES
- ☐ Reddened
- ☐ Pupils constricted
- ☐ Pupils dilated

BREATH
- ☐ Alcohol-like
- ☐ Chemical odor
- ☐ "Burnt Rope" odor

MOVEMENTS
- ☐ Normal
- ☐ Slowed
- ☐ Quickened
- ☐ Uncoordinated
- ☐ Shaking
- ☐ Aggressive
- ☐ Restless

WALKING
- ☐ Normal
- ☐ Stumbling
- ☐ Falling
- ☐ Holding, Reaching

Describe any other specific observations, or explain any of those checked above, that require further clarification as a basis of reasonable suspicion (continue on back if necessary).

I certify that I have had training in recognition of alcohol and drug misuse and that to the best of my judgment adequate reasonable suspicion exists sufficient to require the above employee to undergo testing for alcohol and controlled substances.

PRIMARY OBSERVER	TITLE	DATE
_____ Signature		
SECOND OBSERVER (if available)	TITLE	DATE
_____ Signature		