

Reasonable Suspicion Checklist

(The following checklist should be completed when a manager or supervisor suspects drug or alcohol use based on an employee's physical appearance or behavior.

PART 1: EMPLOYEE INFORMATION

Employee Name and Title: _____

Observation Date and Time (indicate a.m. or p.m.): _____

Location: _____

PART 2: OBSERVATIONS

(Place a **checkmark** next to any of the following observations exhibited by the employee.)

PHYSICAL

Walking:

___ Stumbling; ___ Unable to walk; ___ Unsteady; ___ Staggering; ___ Swaying; ___ Falling; ___ Other (describe) _____

Standing:

___ Swaying; ___ Unable to stand; ___ Rigid; ___ Staggering; ___ Dizziness; ___ Other (describe) _____

Movements:

___ Fumbling; ___ Jerky; ___ Nervous; ___ Slow; ___ Normal; ___ Hyperactive; ___ Reduced reaction time; ___ Not following tasks; ___ Diminished coordination; ___ Tremors; ___ Other (describe) _____

Eyes:

___ Bloodshot; ___ Watery; ___ Droopy; ___ Glassy; ___ Closed; ___ Dilated/Constricted Pupils; ___ Other (describe) _____

Face:

___ Flushed; ___ Pale; ___ Sweaty; ___ Other (describe) _____

Breath:

___ No alcoholic odor; ___ Faint alcoholic odor; ___ Alcoholic odor; ___ Chemical odor; ___ Sweet/pungent tobacco odor; ___ Heavy use of breath spray; ___ Other (describe) _____

Speech:

___ Whispering; ___ Slurred; ___ Shouting; ___ Incoherent; ___ Slobbering; ___ Silent;
___ Rambling; ___ Mute; ___ Slow; ___ Other (describe) _____

Appearance:

___ Neat; ___ Unruly; ___ Messy; ___ Dirty; ___ Marijuana Odor; ___ Partially
dressed; _
Other
(describe) _____

BEHAVIORAL

Demeanor:

___ Cooperative; ___ Calm; ___ Talkative/Rapid Speech; ___ Polite; ___ Sarcastic;
___ Sleepy; ___ Crying; ___ Sleeping on job; ___ Argumentative; ___ Excited;
___ Withdrawn; ___ Mood swings; ___ Overreacts to minor things; ___ Excessive
laughter;
___ Forgetful; ___ Other (describe) _____

Actions:

___ Hostile; ___ Fighting; ___ Profanity; ___ Drowsy; ___ Threatening; ___ Erratic;
___ Hyperactive; ___ Calm; ___ Resisting communication; ___ Paranoid;
___ Possessing, using or distributing an illegal substance;
___ Other (describe) _____

MISCELLANEOUS

___ Presence of alcohol and/or drugs in employee's possession or vicinity
___ On-the-job misconduct by employee
___ Employee admission to alcohol and/or drug use or possession

CORROBORATING WITNESSES

(List names of all witnesses to the employee's conduct below)

OTHER OBSERVATIONS

(List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

Supervisor/Manager Signature: _____

Date: _____

After stopping the employee’s work, and upon completion of this form, the supervisor may discuss the suspicion with the employee. Additional notes may be taken on this form or elsewhere regarding the employee’s reaction. The next step is to arrange for the employee to be tested, including making arrangements for transportation to be tested.

Please review the City’s drug and alcohol testing policy for additional details. When circumstances allow, it is always advised to discuss reasonable suspicion testing with Human Resources or the City Manager prior to confronting an employee or requiring testing.