

## 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                    \_\_\_ Silent                    \_\_\_ 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 \_\_\_\_\_

**Reasonable Suspicion Checklist: Page 2**

**Movements:**  Fumbling  Jerky  Nervous  
 Slow  Normal  Hyperactive  
 Other \_\_\_\_\_

**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:

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**Other Observations: (if accident, provide details)**

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**Employee's Explanation of Reasons for His/Her Conduct:**

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**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.**

Employee has agreed to testing (Check one)  Employee has not agreed to testing

\_\_\_\_\_  
Supervisor/Manager Signature Date

\_\_\_\_\_  
Witness Signature Date