Reasonable Suspicion Checklist
(The following checklist should be completed when a manager or supervisor suspects drug or alcohol use based on the physical appearance and behavior of the employee. Also completing the checklist should be all other managers or supervisors who witnessed the employee being unfit for duty.)

PART 1: EMPLOYEE INFORMATION

Employee Name: ____________________________________________________________
Employee Job Title: ________________________________________________________
Observation Date: __________________________________________________________
Observation 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:
- ____ Holding on; ____ Stumbling; ____ Unable to walk; ____ Unsteady; ____ Staggering;
- ____ Swaying; ____ Falling; ____ Other (describe)________________________

Standing:
- ____ Swaying; ____ Feet wide apart; ____ Unable to stand; ____ Rigid; ____ Staggering;
- ____ Sagging at knees; ____ 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; ____ Stains on clothing;
____ Marijuana Odor; ____ Partially dressed; ____ Bodily excrement stains;
____ Visible puncture marks or tracks; ____ Burnt rope smell on clothes, hair, body;
____ Excessive sweating in cool area; ____ 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; ____ Baseless Panic;
____ Other (describe)___________________________________________________________________

Appetite:
____ Always munching on something; ____ Constantly Chewing Gum;
____ Frequently Eating Candy; ____ Popping Mints Often;
____ 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.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PART 3: EMPLOYEE’S RESPONSE
(Document below the employee’s explanation or reasons for his/her conduct)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PART 4: ACTION PLAN
Once the above parts of this Reasonable Suspicion Checklist are completed by you and a witness, you can proceed to an action plan in a meeting with the employee. Remember to follow your company’s procedures as outlined in its drug-free policy.

Place a **checkmark** next to the applicable action as agreed upon with the employee:

- ____ Employee has agreed to testing
- ____ Employee has **not** agreed to testing
- ____ Employee referred to MAP/EAP
- ____ No further action at this time

______________________________   _____________________
Supervisor/Manager Signature        Date

______________________________   _____________________
Supervisor/Manager Signature        Date

______________________________   ______________________
Witness Signature          Date