



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.

Please familiarize yourself with this checklist so you'll know what to look for while speaking with the employee. Always keeping safety in mind.

This checklist should be completed by the manager or supervisor with the assistance of the person who is acting as the second witness after you have spoken with the employee.

Part 1: Employee Information

Employee Name: _____

Employee Job Title: _____

Observation Date: _____

Observation Time: _____ am / pm

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; Calm ; Talkative/Rapid Speech ; Polite ; Sarcastic ; Sleepy ; Crying ; Sleeping on job ; Argumentative ; Excited ; Withdrawn ; Mood swings ; Overreacts to minor things ; Excessive laughter ; Forgetful ; Other (describe): _____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

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 below of all witnesses to the employee’s conduct.

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. (If an accident did occur causing injury to the employee or others, please have employee complete an [Incident Report form](#) and submit appropriately.)

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 the procedures outlined in the *Reasonable Suspicion Testing Process*.

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 EAP Provider

No further action at this time

Supervisor/Manager Signature: _____ **Date:** _____

I have read the form and **refuse** to undergo testing for drugs and/or alcohol.

Witnessed by (Signature): _____ **Date:** _____ **Time:** _____ am /pm

(Printed Name): _____ Title: _____

Completed form to be submitted to [Area HR Liaison](#).