## DRUGS AND ALCOHOL REASONABLE SUSPICION CHECKLIST

| Name of Observed Employee | Date | Time (am/pm) |
| --- | --- | --- |
| Location |  |  |

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** | **Yes** | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Holding on |  |  | Stumbling |  |  | Unable to walk |  |  |
| Unsteady |  |  | Staggering |  |  | Swaying |  |  |
| Falling |  |  | Other |  |  |  |  |  |
| **Standing** | **Yes** | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Swaying |  |  | Feet wide apart |  |  | Unable to stand |  |  |
| Rigid |  |  | Staggering |  |  | Sagging at knees |  |  |
| Other |  |  |  |  |  |  |  |  |
| **Speech** | **Yes** | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Whispering |  |  | Slurred |  |  | Shouting |  |  |
| Incoherent |  |  | Slobbering |  |  | Silent |  |  |
| Rambling |  |  | Mute |  |  | Slow |  |  |
| Other |  |  |  |  |  |  |  |  |
| **Demeanor** | **Yes** | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Cooperative |  |  | Calm |  |  | Talkative |  |  |
| Sarcastic |  |  | Sleepy |  |  | Polite |  |  |
| Crying |  |  | Sleeping on job |  |  | Argumentative |  |  |
| Other |  |  |  |  |  |  |  |  |
| **Actions** | **Yes** | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Hostile |  |  | Fighting |  |  | Profanity |  |  |
| Drowsy |  |  | Threatening |  |  | Hyperactive |  |  |

| **Eyes** | **Yes** |  | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bloodshot |  |  |  | Watery |  |  | Droopy |  |  |
| Dilated |  |  |  | Glassy |  |  | Closed |  |  |
| Other |  |  | |  |  |  |  |  |  |
| **Face** | **Yes** | **No** | |  | **Yes** | **No** |  | **Yes** | **No** |
| Flushed |  |  | | Pale |  |  | Sweaty |  |  |
| Other |  |  | |  |  |  |  |  |  |
| **Appearance/Clothing** | **Yes** |  | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Neat |  |  |  | Unruly |  |  | Messy |  |  |
| Dirty |  |  |  | Stains on clothing |  |  | Having odor |  |  |
| Partially dressed |  |  |  | Bodily excrement stains |  |  |  |  |  |
| Other |  |  | |  |  |  |  |  |  |
| **Breath** | **Yes** |  | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| No alcoholic odor |  |  |  | Faint alcoholic odor |  |  | Alcoholic odor |  |  |
| No cannabis or drug order |  |  |  | Smell of cannabis |  |  | Smell of another known drug |  |  |
| Other |  |  | |  |  |  |  |  |  |
| **Movements** | **Yes** |  | **No** |  | **Yes** | **No** |  | **Yes** | **No** |
| Fumbling |  |  |  | Jerky |  |  | Nervous |  |  |
| Other |  |  | |  |  |  |  |  |  |

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:

| Other observations: (if accident, provide details) |
| --- |
| Employee’s explanation of reasons for their conduct: |

Once the 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 [Organization Name]’s Drug and Alcohol Policy.

*(Check one)*

Employee has agreed to testing

Employee has not agreed to testing

| Supervisor/Manager Signature | Date |
| --- | --- |
| Witness Signature | Date |

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