## 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 behaviour 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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