

## Reasonable Suspicion Checklist

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 plus another supervisor/manager as observer/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                       Sleeping on the job  
                   Sarcastic                       Sleepy                       Crying  
                   Talkative                       Argumentative                       Excited                       Polite  
                   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 undressed  
                   Bodily excrement stains  
                   Other \_\_\_\_\_

**Breath:**          No alcoholic odor                       Faint alcoholic odor                       Alcoholic odor  
                   Sweet/pungent tobacco odor                       Heavy usage, breath spray  
                   Other \_\_\_\_\_

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

**Eating/Chewing:**     Gum                       Candy                       Mints  
                                  Other \_\_\_\_\_

**How did Employee's behavior come to your attention?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**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 procedure as outlined in our drug-free policy.**

(Check one)

Employee has agreed to testing     Employee has not agreed to testing

\_\_\_\_\_  
**Supervisor/Manager Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**