# 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