REASONABLE SUSPICION CHECKLIST

The following checklist should be completed when a manager or supervisor suspects an employee is under the influence of drugs or alcohol at work. Please contact your HR Generalist before completing this checklist. This checklist must be completed by two observers, preferably those in a leadership role.

PART 1: EMPLOYEE INFORMATION

Employee Name: ________________________________________________________
Employee Job Title: ______________________________________________________
Supervisor Name/Job Title: _________________________________________________
2nd Observer Name/Job Title: _______________________________________________
Observation Date: _________________________________________________________
Observation Time (indicate a.m. or p.m.): ____________________________________
Location: __________________________________________________________________

PART 2: OBSERVATIONS
(Each observer must place their INITIALS next to any of the following observations exhibited by the employee. Two observable items by two different supervisors should occur prior to testing for reasonable suspicion.)

PHYSICAL

Walking:
_____ Holding on; _____ Stumbling; _____ Unable to walk; _____ Unsteady; _____ Staggering;
_____ Swaying; _____ Falling; _____ Normal; _____ Other (describe) ____________________

Standing:
_____ Swaying; _____ Feet wide apart; _____ Unable to stand; _____ Rigid; _____ Staggering;
_____ Sagging at knees; _____ Dizziness; _____ Normal; _____ 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;____Normal;____Other (describe)____________________

Face:
____Flushed;____Pale;____Sweaty;____Other (describe)________________________________

Odor:
____No alcoholic odor;____Alcoholic odor; ______Chemical odor;
____Sweet/pungent tobacco odor;____Heavy use of breath spray; ______Normal;
____Marijuana Odor;____Burnt rope smell on clothes, hair, body;
____Other (describe)____________________________________________________

Speech:
____Whispering;____Slurred;____Shouting;____Incoherent;____Slobbering;____Silent;
____Rambling;____Mute;____Slow;____Normal;____Other (describe)__________

Appearance:
____Neat;____Unruly;____Messy;____Dirty;____Stains on clothing;
____Partially dressed;____Bodily excrement stains;______Visible puncture marks or tracks;____Excessive sweating in cool area;____Normal;
____Other (describe)________________________

BEHAVIORAL (outside the typical behavior of the individual)

Demeanor:
____Cooperative;____Calm;____Talkative/Rapid Speech;____Overly Polite;
____Sarcastic;____Sleepy;____Crying;____Sleeping on job;____Argumentative;
____Excited;____Withdrawn;____Mood swings;____Overreacts to minor things;
____Excessive laughter;____Forgetful;____Normal;____Other (describe)_______

Actions:
____Hostile;____Fighting;____Profanity;____Drowsy;____Threatening;____Erratic;
____Hyperactive;____Calm;____Resisting communication;____Avoidance;
____Paranoid;____Possessing, using or distributing an illegal substance;
____Baseless Panic;____Normal;____Other (describe)____________________________

Appetite:
____Always munching on something;____Constantly Chewing Gum;
____Frequently Eating Candy;____Popping Mints Often;____Normal;
____Other (describe)________________________________________________________
**Miscellaneous**

- Presence of alcohol and/or drugs in employee’s possession or vicinity.
- On-the-job misconduct by employee. Describe the misconduct below.
- Employee admission to alcohol and/or drug use or possession.

**CORROBORATING WITNESSES**
(List names and job titles of all supervisors who witnessed the employee’s conduct.)

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**OTHER OBSERVATIONS**
(List below any other observations not included in this checklist. Provide and describe details of the behaviors marked and observed above, such as what the employee said or did. Provide details for any accident that the employee in question caused or was involved in.)

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**PART 3: EMPLOYEE’S RESPONSE**
(Document the employee’s response when asked about his/her behaviors.)

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PART 4: ACTION PLAN

Once the previous sections of this Reasonable Suspicion Checklist are completed by you and another supervisor who witnessed the concerns, you can proceed to an action plan in a meeting with the employee. Please discuss what action you’d like to take with your HR Generalist prior to taking any action.

Risk Management Notified (Please circle): Yes No
Name of who notified:_______________________ Date and Time Notified________________________

HR Generalist Notified (Please circle): Yes No
Name of who notified:_______________________ Date and Time Notified________________________

Place a checkmark next to the applicable action as agreed upon with the employee:

_____ Employee has agreed to testing (Transportation will be provided to the employee. The employee will not transport themselves.)
  • Date & Time of Departure to Testing Facility______________________________
  • Date & Time of Arrival at Testing Facility_______________________________
  • Name and location of Testing Facility ____________________________

_____ Employee refused testing (refusal to test results in adverse action, place on paid administrative leave)

_____ Employee referred to EAP

_____ No further action at this time

Supervisor/Manager Signature ___________________________ Date

2nd Observer Signature ___________________________ Date

ONLY CONDUCT THE SPECIFIC TEST (DRUGS OR ALCOHOL) IF SIGNS AND SYMPTOMS OBSERVED SUPPORT THAT TEST. IF YOU OBSERVE SIGNS AND SYMPTOMS FOR BOTH DRUGS AND ALCOHOL OR YOU ARE UNSURE OF WHAT MAY BE CAUSING THE CONCERNS, BE SURE TO HAVE THE EMPLOYEE TESTED FOR BOTH.