



### Reasonable Suspicion Checklist

This checklist is used to determine and document reasonable suspicion of a potential violation of the Drug-Free Workplace policy. In such instances the designated Labor Relations personnel observing the behavior with another Administrator in position of authority as witness, must each complete a checklist.

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ a.m./p.m.

Name of employee observed \_\_\_\_\_ (Print)

Employee Banner ID # \_\_\_\_\_

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### OBSERVED INDICATORS CHECKLIST

Physical Indicators:

<b>Walking</b> __ Holding On __ Stumbling __ Unable to walk __ Unsteady __ Staggering __ Swaying __ Falling __ Other _____	<b>Face</b> __ Red/Flushed __ Pale __ Sweaty __ Appears Normal __ Slobbering __ Grinding Teeth __ Dry Mouth __ Runny Nose __ Other _____	<b>Speech</b> __ Whispering __ Slurred __ Shouting __ Incoherent __ Silent __ Rambling __ Slow __ Other _____	<b>Breath/Odor</b> __ No alcohol odor __ Faint alcohol odor __ Strong alcohol odor __ Mouthwash Odor __ Other _____
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<b>Standing</b> __ Swaying __ Feet wide apart __ Rigid __ Sagging at the knees __ Other _____	<b>Eyes</b> __ Watery __ Bloodshot __ Dilated __ Closed __ Other _____	<b>Movements</b> __ Fumbling __ Jerky __ Nervous __ Slow __ Hyperactive __ Other _____	<b>Appearance</b> __ Messy __ Dirty __ Stained Clothing __ Ripped/Torn Clothing __ Partially Dressed __ Puncture marks __ Needle tracks __ Other _____
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Observer Initials \_\_\_\_\_

Date \_\_\_\_\_



Behavioral Indicators:

<b>Demeanor</b> __Cooperative __Talkative __Sarcastic __Anxious __Disoriented __Sleepy	__Polite __Silent __Belligerent __Excited __Inattentive __Drowsy	__Calm __Resisting Communication __Tearful/Crying __Mood changes __Appears Normal __Other_____
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<b>Actions</b> __Fighting __Erratic __Threatening __Non-Communicative __Argumentative	__Profanity __Hostile __Hyperactive __Sleeping on the job __Other_____	
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Comments and other observations:

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Other Facts:

Presence of alcohol and/or drugs in individual's possession or vicinity\_\_\_\_\_

On the job misconduct by employee (specify)\_\_\_\_\_

Employee admission concerning alcohol use/or drug use or possession\_\_\_\_\_

List of any witnesses to employee behavior observed:

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Is the employee at least 18 years of age? YES\_\_\_\_\_ No\_\_\_\_\_ If no name of parent/guardian contacted.

Comments made by employee being observed:

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Observer Initials\_\_\_\_\_ Date\_\_\_\_\_