



Reasonable Suspicion Checklist

Confidential: This document contains personal information and shall be kept confidential in order to protect against unauthorized disclosure.

Instructions

Use this form to record observations of employee behavior that you believe may be the result of illegal drug or alcohol abuse. After filling out the form, obtain confirmation of reasonable suspicion from a supervisor.

Name of employee observed	Date of observation
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Time of observations:

Witness <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Confirming supervisor <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Location of observations:

Witness	Confirming supervisor
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Observed personal behavior:

Speech		Awareness		Balance		Walking	
1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd
<input type="checkbox"/>	<input type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/> Normal
<input type="checkbox"/>	<input type="checkbox"/> Incoherent	<input type="checkbox"/>	<input type="checkbox"/> Confused	<input type="checkbox"/>	<input type="checkbox"/> Swaying	<input type="checkbox"/>	<input type="checkbox"/> Stumbling
<input type="checkbox"/>	<input type="checkbox"/> Confused	<input type="checkbox"/>	<input type="checkbox"/> Sleepy	<input type="checkbox"/>	<input type="checkbox"/> Staggering	<input type="checkbox"/>	<input type="checkbox"/> Falling
<input type="checkbox"/>	<input type="checkbox"/> Slurred	<input type="checkbox"/>	<input type="checkbox"/> Paranoid	<input type="checkbox"/>	<input type="checkbox"/> Falling	<input type="checkbox"/>	<input type="checkbox"/> Holding or reaching
<input type="checkbox"/>	<input type="checkbox"/> Silent	<input type="checkbox"/>	<input type="checkbox"/> Aggressive				

Give a description of other observed actions, behaviors, or incidents. Be as specific as possible. If additional space is needed, continue on back of form.

Names of observers:

Witness	Title
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Signature of witness

Date

Confirming supervisor	Title
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Signature of confirming supervisor

Date

I require the employee named on this form to submit immediately to a drug and/or alcohol screening.

Signature of local or acting administrator

Date and time
