# Alcohol and Drug Use Reasonable Suspicion Observation Checklist

## Section One

|  |  |  |
| --- | --- | --- |
| Employee Name (Last, First, & Middle) | Employee ID Number | Date of Hire |
|  |  |  |
| Title | Supervisor | Department |
|  |  |  |
| Date of Observation | Location of Observation |
|  |  |

Section Two

Brief summary of what happened (if applicable)

Section Three

Observations, check ALL that apply

|  |  |  |
| --- | --- | --- |
| Behavior | Appearance | Speech |
| [ ]  Stumbled | [ ]  Flushed complexion | [ ]  Slurred, thick |
| [ ]  Drowsy, sleepy, lethargic | [ ]  Sweating | [ ]  Incoherent |
| [ ]  Agitated, anxious, restless | [ ]  Cold, clammy, sweats | [ ]  Exaggerated enunciation |
| [ ]  Hostile, withdrawn | [ ]  Bloodshot eyes | [ ]  Loud, boisterous |
| [ ]  Unresponsive, distracted | [ ]  Tearing, watery eyes | [ ]  Rapid, pressured |
| [ ]  Clumsy, uncoordinated | [ ]  Dilated (large) pupils | [ ]  Excessively talkative |
| [ ]  Flu-like complaints | [ ]  Constricted (pinpoint) pupils | [ ]  Nonsensical, silly |
| [ ]  Suspicious, paranoid | [ ]  Unfocused, blank stare | [ ]  Cursing/inappropriate language |
| [ ]  Hyperactive, fidgety | [ ]  Disheveled clothing |  |
| [ ]  Inappropriate, uninhibited behavior |  | Odor |
| [ ]  Unable to perform other essential function of the job: |  | [ ]  Alcohol |
|  | [ ]  Marijuana |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | [ ]  Other odor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Other Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section Four

The observations documented above were made of the employee identified in Section 1 as observed by the following individuals:

### Witness One

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Witness Two

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section Five

Test Determination:

|  |  |
| --- | --- |
| [ ]  Reasonable Suspicion for Alcohol Breath Test | [ ]  No Test Conducted |
| [ ]  Reasonable Suspicion for Drug Urine Test | [ ]  8 hours elapsed |
| [ ]  No Test Required | [ ]  No collection available |
| [ ]  Employee Refused Test | [ ]  Employee transported for medical care |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Section Six

Employee transported to collection site by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time transported at collection site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm

Collection Site Name and Address:

|  |
| --- |
|  |
|  |
|  |

## Section Seven

Person Completing this Form

### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_