# 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| Hostile, withdrawn | Bloodshot eyes | Loud, boisterous |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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_