

REASONABLE SUSPICION CHECKLIST

Directions: Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

Employee name: _____ Date: _____

Location of observations: _____

Time: _____ Name of observer: _____

Check All That Apply:

| | | |
|--|---|--|
| <p style="text-align: center;">Speech</p> <input type="checkbox"/> Slurred, thick <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Silent <input type="checkbox"/> Loud <input type="checkbox"/> Hostile <input type="checkbox"/> Talkative <input type="checkbox"/> Incoherent <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Cursing, inappropriate <input type="checkbox"/> Nonsensical, silly | <p style="text-align: center;">Eyes</p> <input type="checkbox"/> Bloodshot/Reddened <input type="checkbox"/> Pupils dilated <input type="checkbox"/> Pupils constricted <input type="checkbox"/> Repetitive jerky motion <input type="checkbox"/> Glazed appearance <input type="checkbox"/> Droopy/partially closed <input type="checkbox"/> Tearing, watery <input type="checkbox"/> Unfocused, blank stare | <p style="text-align: center;">Odor</p> <input type="checkbox"/> Alcohol smell on breath or clothing <input type="checkbox"/> Chemical odor <input type="checkbox"/> Burnt rope odor <input type="checkbox"/> Other odor: _____ _____ _____ |
| <p style="text-align: center;">Mood</p> <input type="checkbox"/> Hostile/ Angry <input type="checkbox"/> Elated, "up" <input type="checkbox"/> Irritable, agitated <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent <input type="checkbox"/> Evasive <input type="checkbox"/> Sad/depressed | <p style="text-align: center;">Mental</p> <input type="checkbox"/> Poor judgment <input type="checkbox"/> Decreased inhibitions <input type="checkbox"/> Disoriented <input type="checkbox"/> Unpredictable <input type="checkbox"/> Distracted <input type="checkbox"/> Drowsy/sleepy <input type="checkbox"/> Restless <input type="checkbox"/> Suspicious/paranoid <input type="checkbox"/> Withdrawn | <p style="text-align: center;">Balance</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Holding on <input type="checkbox"/> Unsteady/uncoordinated <input type="checkbox"/> Clumsy |
| <p style="text-align: center;">Movement</p> <input type="checkbox"/> Slowed <input type="checkbox"/> Normal <input type="checkbox"/> Quickened <input type="checkbox"/> Shaking <input type="checkbox"/> Tremors | <p style="text-align: center;">Appearance</p> <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Cold, clammy <input type="checkbox"/> Disheveled, messy <input type="checkbox"/> Vomit on clothing | <p style="text-align: center;">Other</p> <input type="checkbox"/> Frequent use of breath mints, gum, mouthwash <input type="checkbox"/> Physical evidence (like liquor bottle, drug paraphernalia) <input type="checkbox"/> Other: _____ _____ |

I certify that I have had training in the signs & symptoms of substance use and alcohol abuse, and to the best of my judgment reasonable suspicion exists based on the physical and behavior indicators noted above.

Signed: _____ Date: _____

2nd Observer, if required: _____ Date: _____