



Reasonable Suspicion Checklist

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observed Employee Information:	
Name:	Location:
Date Observed:	Time Observed:
Observation Checklist	
Walking:	
<input type="checkbox"/> Holding On <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to Walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying	
<input type="checkbox"/> Falling <input type="checkbox"/> Other: _____	
Standing:	
<input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Unable to stand <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees	
<input type="checkbox"/> Other: _____	
Speech:	
<input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Slobbering <input type="checkbox"/> Silent <input type="checkbox"/> Rambling	
<input type="checkbox"/> Mute <input type="checkbox"/> Slow <input type="checkbox"/> Other: _____	
Demeanor:	
<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Talkative <input type="checkbox"/> Polite <input type="checkbox"/> Sarcastic <input type="checkbox"/> Sleepy <input type="checkbox"/> Crying <input type="checkbox"/> Silent	
<input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Argumentative <input type="checkbox"/> Exited <input type="checkbox"/> Other: _____	
Actions:	
<input type="checkbox"/> Hostile <input type="checkbox"/> Fighting <input type="checkbox"/> Profanity <input type="checkbox"/> Drowsy <input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive <input type="checkbox"/> Erratic	
<input type="checkbox"/> Calm <input type="checkbox"/> Resisting Communication <input type="checkbox"/> Other: _____	
Eyes:	
<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Droopy <input type="checkbox"/> Dilated <input type="checkbox"/> Glassy <input type="checkbox"/> Closed	
<input type="checkbox"/> Other: _____	

Face:

Flushed Pale Sweaty Other: _____

Appearance:

Neat Unruly Messy Dirty Other: _____

Clothing:

Stains on clothing Having odor Partially dressed Bodily excrement stains

Other: _____

Breath:

No alcoholic odor Faint alcoholic odor Alcoholic odor Sweet/pungent tobacco odor

Heavy usage, breath spray Other: _____

Movements:

Fumbling Jerky Nervous Slow Normal Hyperactive

Other: _____

Eating:

Gum Candy Mints Other: _____

Miscellaneous:

Presence of alcohol and/or drugs in associate's possession or vicinity

On-the-job misconduct by employee

Employee admission concerning alcohol use and/or drug use or possession

If there are witnesses to employee's conduct list below:



Other Observations: (If accident, provide details)

Employee's Explanation of Reason's for His/Her Behavior:

Once above portion of form has completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in our drug-free policy.

Employee has agreed to a drug test

Employee has NOT agreed to a drug test

Manager Signature:

Date:

Witness Signature:

Date: