Reasonable Suspicion Drug & Alcohol Checklist

Employee's Name:	Employee's Department:	Employee's CDL/ID Number:
Evaluating Supervisor:	Observation Date & Time:	COMPANY NAME:

Appearance Indicators	■ Bloodshot/watery eyes ■ Dilated/constricted pupils ■ Flushed face ■ Excessive sweating ■ Disheveled appearance ■ Poor hygiene ■ Alcohol odor ■ Marijuana/substance odor ■ Unsteady posture ■ Glassy stare
Behavioral Indicators	■ Aggressive/hostile ■ Irritable ■ Mood swings ■ Hyperactive ■ Withdrawn/depressed ■ Confused ■ Difficulty concentrating ■ Inappropriate emotional responses ■ Suspicious/paranoid ■ Forgetful
Speech Indicators	■ Slurred ■ Thick-tongued ■ Slow responses ■ Rambling ■ Repetitive ■ Incoherent ■ Loud ■ Rapid/pressured
Motor Skills & Coordination	■ Staggering ■ Loss of balance ■ Poor coordination ■ Difficulty walking ■ Dropping tools ■ Delayed reactions ■ Tremors ■ Trouble performing routine tasks
Work Performance Indicators	■ Declining productivity ■ Increased errors ■ Failure to follow procedures ■ Poor judgment ■ Unsafe practices ■ Near miss incidents ■ Accident involvement ■ Excessive absenteeism ■ Sleeping on duty
Physical Symptoms	■ Nausea/vomiting ■ Dizziness ■ Fatigue ■ Tremors ■ Excessive energy ■ Headaches ■ Difficulty focusing vision

Detailed Observations *(objective facts & employee admissions/remarks)**:***

_____

_____

_____

_____

Witness Information*(Name & Phone)**:*** _____ _____

Determination:

■ Reasonable Suspicion Established ■ Reasonable Suspicion **NOT** established, referred for Medical Evaluation.

Action Taken *(Check all that apply)**:***

■ Employee Removed from Duty, transported home. ■ HR Notified ■ Transported to FDTSI for Drug/Alcohol Testing

■ Other: _____

Certification:

I certify the observations documented above are factual, objective, and based on direct observation.

Supervisor Signature: _____Date:_____

Second Supervisor/Witness: _____Date:_____

Employee Acknowledgment *(Optional)**:*** _____ ____Date:_____