FORENSIC DRUG TESTING SERVICES, Inc.

Reasonable Suspicion Drug & Alcohol Checklist

Employee's Name:	COMPANY NAME:	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Behavioral Indicators	◯ Aggressive/hostile ◯ Irritable ◯ Mood swings ◯ Hyperactive ◯ Withdrawn/depressed ◯ Confused ◯ Difficulty concentrating ◯ Inappropriate emotional responses ◯ Suspicious/paranoid ◯ Forgetful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)**:***

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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: _____