

**REASONABLE CAUSE/SUSPICION OBSERVATION CHECKLIST**  
(STRICTLY CONFIDENTIAL)

EMPLOYEE: \_\_\_\_\_ PERIOD OF EVALUATION: \_\_\_\_\_

SUPERVISOR #1, NAME AND TELEPHONE: \_\_\_\_\_

SUPERVISOR #2, NAME AND TELEPHONE: \_\_\_\_\_

This checklist is intended to assist a supervisor in referring a person for drug and/or alcohol testing. Has the employee manifested any of the following behaviors? Indicate (X) if observation and/or documentation exists.

**A. QUALITY AND QUANTITY OF WORK**

YES	NO	
___	___	1. Clear refusal to do assigned tasks
___	___	2. Significant increase in errors
___	___	3. Repeated errors in spite of increased guidance
___	___	4. Reduced quantity of work
___	___	5. Inconsistent, "up and down" quantity/quality of work
___	___	6. Behavior that disrupts workflow
___	___	7. Procrastination on significant decisions or task
___	___	8. More than usual supervision necessary
___	___	9. Frequent, unsupported explanations for poor work performance
___	___	10. Noticeable change in written or verbal communication
___	___	11. Other (please specify) _____

**B. INTERPERSONAL WORK RELATIONSHIPS**

YES	NO	
___	___	1. Significant change in relations with co-workers, supervisors
___	___	2. Frequent or intense arguments
___	___	3. Verbal/Physical abusiveness
___	___	4. Persistently withdrawn or less involved with people
___	___	5. Intentional avoidance of supervisor
___	___	6. Expressions of frustration or discontent
___	___	7. Change in frequency or nature of complaints
___	___	8. Complaints by co-workers or subordinates
___	___	9. Cynical, "distrustful of human nature" comments
___	___	10. Unusual sensitivity to advice or critique of work
___	___	11. Unpredictable response to supervision
___	___	12. Passive-aggressive attitude or behavior, doing things "behind your back"

**C. GENERAL JOB PERFORMANCE**

YES	NO	
___	___	1. Excessive unauthorized absences-number in last 12 months
___	___	2. Excessive authorized absences-number in last 12 months
___	___	3. Excessive use of sick leave in last 12 months
___	___	4. Frequent Monday/Friday absence or other pattern
___	___	5. Frequent unexplained disappearances
___	___	6. Excessive "extension" of breaks or lunch
___	___	7. Frequently leaves work early-number of days per week or month
___	___	8. Increased concern about (actual incidents) safety offenses involving the employee
___	___	9. Experiences or causes job accidents
___	___	10. Major change in duties or responsibilities
___	___	11. Interferes with or ignores established procedures
___	___	12. Inability to follow through on job performance recommendation

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### **D. PERSONAL MATTERS**

YES	NO	
___	___	1. Changes in or unusual personal appearance (dress, hygiene)
___	___	2. Changes in or unusual speech (incoherent, stuttering, loud)
___	___	3. Changes in or unusual physical mannerisms (gesture, posture)
___	___	4. Changes in or unusual facial expressions
___	___	5. Changes in or unusual level of activity-much reduced/increased
___	___	6. Changes in or unusual topics of conversation
___	___	7. Engages in detailed discussions about death, suicide, harming others
___	___	8. Increasingly irritable or tearful
___	___	9. Persistently boisterous or rambunctious
___	___	10. Unpredictable or out-of-context displays of emotion
___	___	11. Unusual fears or lacks appropriate caution
___	___	12. Engages in detailed discussion about obtaining/using drugs/alcohol
___	___	13. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
___	___	14. Has received professional assistance for emotional or physical problems
___	___	15. Makes unfounded accusations toward others, i.e., has feelings of persecution
___	___	16. Secretive or furtive
___	___	17. Memory problems (difficulty recalling instructions, data, past behaviors)
___	___	18. Frequent colds, flu, excessive fatigue, or other illnesses
___	___	19. Makes unreliable or false statements
___	___	20. Unrealistic self-appraisal or grandiose statements
___	___	21. Temper tantrums or angry outbursts
___	___	22. Demanding, rigid, inflexible
___	___	23. Major change in physical health
___	___	24. Concerns about sexual behavior or sexual harassment

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### **E. PHYSICAL INDICATORS**

YES	NO	
___	___	1. Smell of alcohol on breath of person?
___	___	2. Speech:      Slurred?      ___
		Confused?      ___
		Fragmented?      ___
		Slow?      ___
		Unusually soft?      ___
		Unusually loud?      ___
___	___	3. Disorientation: Is employee confused about;
		Where he or she is?      ___
		What day it is?      ___
		What time it is?      ___
___	___	4. Apparent inability to focus on work?
___	___	5. Unusual or unexplained resistance to authority or refusal to follow reasonable directions?
___	___	6. Lack of motor coordination
___	___	7. Mood:      Belligerent?      ___
		Moody?      ___
		Ecstatic?      ___
		More nervous than usual?      ___
		Giddy?      ___
		Talkative?      ___
		Drowsy?      ___
___	___	8. Skin color:      Pale?      ___
		Flushed?      ___
___	___	9. Excessive perspiration?
___	___	10. Excessive trips to the restroom?
___	___	11. Bloodshot eyes?
___	___	12. Dilated pupils?
___	___	13. Pinpoint pupils?
___	___	14. Traces of alcohol in containers?

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**E. PHYSICAL INDICATORS (con't)**

YES	NO	
___	___	15. Confession by employee that he/she was drinking alcohol or ingesting drugs?
___	___	16. Confirmation by other employees?
___	___	17. Presence of substances with the appearance of drugs?
___	___	18. Presence of drug paraphernalia?
___	___	19. Smell of marijuana?
___	___	20. Congregation of employees in remote areas of the company's facilities or in areas not usually frequented by employees?
___	___	21. Weariness, fatigue, or exhaustion?
___	___	22. Deteriorating physical appearance?
___	___	23. Yawning excessively?
___	___	24. Blank stare or expression?
___	___	25. Sudden and/or unpredictable change in energy level?
___	___	26. Unusually energetic?
___	___	27. Shaking or trembling of hands?
___	___	28. Sunglasses worn at inappropriate times?
___	___	29. Changes in appearance after lunch break?
___	___	30. Breathing or swallowing difficulties?
___	___	31. Unusual sneezing / nasal congestion?
___	___	32. Needle marks on arms?
___	___	33. Prolonged lunch hours?
___	___	34. Tardiness?

Other information/observations (Please be specific, attach additional sheet as needed).

Additional Comments:

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\_\_\_\_\_  
SUPERVISOR #1 (print name)

\_\_\_\_\_  
SUPERVISOR #2 (print name)

\_\_\_\_\_  
SUPERVISOR #1 (Signature)      DATE

\_\_\_\_\_  
SUPERVISOR #2 (Signature)      DATE