

**REASONABLE SUSPICION CONTEMPORANEOUS OBSERVATION CHECKLIST
(Strictly Confidential)**

Employee Name	Function	Incident Date	Time
Name Supervisor 1	Title	Location Incident Observed	
Name Supervisor 2	Title	Concurrence (In person/phone/other)	

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug or alcohol. You should note all contemporaneous pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances which you have noted. (NOTE: If there are long-term behavioral indicators of substance abuse which support this checklist, please also include the Reasonable Suspicion Long-Term Observation Checklist).

A. NATURE OF INCIDENT/CAUSE FOR SUSPICION

- () 1. Observed possession or use of an unknown substance
- () 2. Apparent drug or alcohol intoxication
- () 3. Observed abnormal or erratic behavior consistent with drugs or alcohol
- () 4. Arrest or conviction for drug-related offense
- () 5. Other observations consistent with prohibited drug use or alcohol misuse (e.g., reports by passenger or reliable/credible third party, flagrant violation of safety or serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job). NOTE: PLEASE DESCRIBE BELOW

B. BEHAVIORAL INDICATORS NOTED

- () 1. Verbal abusiveness
- () 2. Physical abusiveness
- () 3. Extreme aggressiveness or agitation
- () 4. Withdrawal, depression, tearfulness, or unresponsiveness
- () 5. Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused) NOTE: PLEASE DESCRIBE BELOW

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C. PHYSICAL SIGNS OR SYMPTOMS

- () 1. Possessing, dispensing or using prohibited substances
- () 2. Slurred or incoherent speech
- () 3. Unsteady gait or loss of physical control, poor coordination
- () 4. Dilated or constricted pupils or unusual eye movement
- () 5. Bloodshot or watery eyes
- () 6. Extreme fatigue or sleeping on the job
- () 7. Excessive sweating or clamminess of skin
- () 8. Flushed or very pale face
- () 9. Highly excited or nervous
- () 10. Nausea or vomiting
- () 11. Odor of an alcoholic beverage
- () 12. Odor of marijuana
- () 13. Disheveled appearance or out of uniform
- () 14. Dry mouth (frequent swallowing/lip wetting)
- () 15. Dizziness or fainting
- () 16. Shaking hands or body tremors/twitching
- () 17. Rapid breathing/breathing irregularly/difficulty breathing/slow breathing
- () 18. Runny nose or sores around the nose
- () 19. Inappropriate wearing of sunglasses
- () 20. Puncture marks or "tracks" over veins
- () 21. Other. PLEASE DESCRIBE BELOW:

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, time, and location(s) of the Reasonable Cause observation(s). Note if the employee REFUSED the test. Attach additional sheets as needed.

Signature of
Supervisor

Date/Time

Signature of
Supervisor 2

Date/Time

REASONABLE SUSPICION LONG-TERM OBSERVATION CHECKLIST (Strictly Confidential)

Employee Name	Function	Incident Date	Time
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Name Supervisor 1	Title	Location Incident Observed
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Name Supervisor 2	Title	Concurrence (In person/phone/other)
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This checklist is intended to assist in evaluating a person's performance over time. This information may be used to support a reasonable cause drug test. Has the employee manifested any of the following behaviors? Indicate (D) beside the category if documentation exists. (NOTE: If reasonable suspicion exists because of a specific incident, complete the Reasonable Cause Incident Checklist).

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 and quality of work
- 6. Procrastination on significant tasks or decisions
- 7. Frequent, unsupported explanations for poor work performance
- 8. Other, please specify

B. INTERPERSONAL WORK RELATIONSHIPS

YES NO

- 1. Significant change in relations with co-workers, supervisors, others
- 2. Noticeable change in verbal or written communications
- 3. Frequent or intense arguments
- 4. Persistently withdrawn or less involved with people
- 5. Intentional avoidance of supervisor
- 6. Expressions of frustration or avoidance
- 7. Change in frequency or nature of complaints
- 8. Complaints by co-workers or subordinates
- 9. Unusual sensitivity to advice or critique of work
- 10. Unpredictable response to supervision
- 11. Passive-aggressive attitude or behavior, doing things "behind your back"
- 12. Other, please specify

C. GENERAL JOB PERFORMANCE

YES NO

- 1. Excessive use of sick leave
- 2. Frequent Monday/Friday/after holiday absences or similar pattern
- 3. Frequent unexplained disappearances/trips to rest room, etc.
- 4. Excessive "extension" of breaks or lunch
- 5. Frequently leaves work early
- 6. Frequent personal phone calls
- 7. Increased concern about, or instances of, safety violations
- 8. Experiences, or causes, job accidents
- 9. Major changes in duties or responsibilities
- 10. Interferes with or ignores established procedures
- 11. Inability to follow through on performance recommendation

D. PERSONAL MATTERS

YES NO

- 1. Changes in or unusual personal appearance (dress, hygiene)
- 2. Changes in usual speech (incoherent, loud, stuttering or slurred)
- 3. Changes in or unusual facial expressions, flushed or clammy face, bloodshot eyes
- 4. Much increased or reduced level of activity (fatigue, sleeping on the job, high activity)
- 5. Changes in usual topics of discussion
- 6. Increasingly irritable, tearful, excitable, nervous
- 7. Persistently boisterous or rambunctious
- 8. Unpredictable or out-of-control displays of emotions
- 9. Engages in discussions about obtaining drugs or alcohol
- 10. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- 11. Makes unfounded accusations toward others (i.e., has feelings of persecution)
- 12. Secretive or furtive
- 13. Memory problems (difficulty recalling instructions, data, past behavior)
- 14. Frequent colds, flu, or other illness
- 15. Excessive fatigue
- 16. Makes unreliable or false statements
- 17. Unrealistic self-appraisal or grandiose statements
- 18. Temper tantrums or angry outbursts
- 19. Demanding, rigid, inflexible
- 20. Major changes in physical health
- 21. Other, please specify

Other information/observations--attach additional sheets if necessary

Signature of
Supervisor

Date/Time

Signature of
Supervisor 2

Date/Time

Reasonable Cause Guidelines and Tips For Supervisory Intervention

Supervisor Guideline Steps:

- Eye Witness Event or Behavior
- Document on Reasonable Suspicion Checklist Behavior/Situation as it relates to job performance and sign bottom of form
- Contact employee's supervisors to inform of situation and ask for assistance
- Read script to employee with another supervisor present
- Drive employee to collection site

Supervisor Intervention Tips:

Do Not.....

- Diagnose
- Moralize
- Be overly sympathetic
- Cover up
- Talk about with others

Do.....

- Know the policy
- Focus on job performance
- Be specific
- Be respectful
- Document

Reasonable Cause Script:

(_____) (employee name), as you know we have a Drug and Alcohol Testing Program Policy and as an employee you have agreed to abide by its policy to prevent drug and alcohol abuse in the workplace.

At this time, as your supervisor I am instructing you that a reasonable cause determination of drug or alcohol use has been made and you must submit to a drug test and/or breath alcohol test at this time.

A representative will go with you to the collection facility.

Suspected employee is not allowed to drive himself/herself to the collection site location. If an employee leaves the premises in a private vehicle against the supervisor's instruction, the Designated Employer Representative or Supervisor may consider notifying local authorities.

Time is Critical: DOT Regulations require that following a reasonable suspicion alcohol test should be performed within 2 hours of the determination and no later than 8 hours. Documentation must exist of efforts to complete this requirement after the first 2 hours. Urine collection for a drug test must be performed within 32 hours from the determination or document the reason for no collection. **If you use a Service Agent, list this as your first Scheduling Attempt.**

Scheduling Attempts:

Date: _____ Time: _____ Supervisor: _____
Comments: _____

Date: _____ Time: _____ Supervisor: _____
Comments: _____
