

Reasonable Suspicion Checklist

Directions: Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

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Employee Name:		Date:
Location of observation:		
Time:	Name of observer:	
Check all that apply:		
APPEARANCE	BALANCE	MOOD
☐ Flushed☐ Sweating☐ Cold, clammy☐ Disheveled, messy☐ Vomit on clothing	☐ Slowed ☐ Normal ☐ Quickened ☐ Staggering ☐ Swaying ☐ Falling	 ☐ Hostile, angry ☐ Elated, "up" ☐ Irritable, agitated ☐ Anxious ☐ Combative ☐ Aggressive
EYES	☐ Holding on	☐ Violent
☐ Bloodshot, reddened☐ Pupils dilated☐	☐ Unsteady, uncoordinated☐ Clumsy	☐ Evasive ☐ Sad, depressed
☐ Pupils constricted☐ Repetitive jerky motion	MENTAL	ODOR
☐ Glazed appearance ☐ Droopy, partially closed ☐ Tearing, watery ☐ Unfocused, blank stare	 □ Poor judgment □ Decreased inhibitions □ Disoriented □ Unpredictable 	 □ Alcohol smell on breath or clothing □ Chemical odor □ Burnt rope odor □ Other odor:
SPEECH	□ Distracted□ Drowsy, sleepy	
☐ Slurred, thick☐ Slow☐ Rapid	☐ Restless☐ Suspicious, paranoid☐ Withdrawn	OTHER
☐ Silent ☐ Loud	MOVEMENT	☐ Frequent use of breath mints,
☐ Hostile ☐ Talkative ☐ Incoherent ☐ Difficulty speaking ☐ Cursing, inappropriate ☐ Nonsensical, silly	MOVEMENT ☐ Slowed ☐ Normal ☐ Quickened ☐ Shaking ☐ Tremors	gum, mouthwash Physical evidence (ie: liquor bottle, drug paraphernalia) Other:
	the signs and symptoms of substance use as ists based on the physical and behavioral in	•
Signed:		Date: