



# Reasonable Suspicion Checklist

Employee Name: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_

Facility/Region: \_\_\_\_\_ Event Location: \_\_\_\_\_

Date: \_\_\_\_\_ Observation Time: \_\_\_\_\_ am ☐ pm ☐

Was the employee performing a safety-sensitive duty? ☐ Yes ☐ No

Check all specific and contemporaneous observations and document the following:

## BEHAVIOR

- ☐ unsteady gait, stumbling
- ☐ drowsy, lethargic, sleepy
- ☐ agitated, anxious, restless
- ☐ hostile, belligerent
- ☐ irritable, moody
- ☐ depressed, withdrawn
- ☐ unresponsive, distracted
- ☐ clumsy, uncoordinated
- ☐ tremors, shakes
- ☐ flu-like illness complaints
- ☐ suspicious, paranoid
- ☐ hyperactive, fidgety
- ☐ inappropriate, uninhibited
- ☐ frequent breath freshener use

## APPEARANCE

- ☐ flushed complexion
- ☐ cold, clammy, sweating
- ☐ bloodshot eyes
- ☐ tearing, watery eyes
- ☐ large (dilated) pupils
- ☐ small (constricted) pupils
- ☐ clumsy, uncoordinated
- ☐ unfocused, blank stare
- ☐ disheveled clothing
- ☐ unkempt appearance

## SPEECH

- ☐ slurred, thick
- ☐ incoherent
- ☐ exaggerated
- ☐ loud, boisterous
- ☐ rapid, pressured
- ☐ excessively talkative
- ☐ nonsensical, silly
- ☐ cursing, inappropriate

## BODY ODORS

- ☐ alcohol
- ☐ marijuana
- ☐ other

OTHER OBSERVATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR NAME SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
WITNESS NAME WITNESS SIGNATURE DATE

## TEST DETERMINATION

- ☐ NO TEST REQUIRED ☐ EMPLOYEE REFUSED TEST
- ☐ REASONABLE SUSPICION ALCOHOL TEST ☐ REASONABLE SUSPICION DRUG TEST

Employee transported to collection site by: \_\_\_\_\_

Time of transport: \_\_\_\_\_ am ☐ pm ☐ Collection Facility: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_