



Reasonable Suspicion Checklist

Client Company:			
Name of Observed Employee:			
Location:			
Time & Date	_____ a.m.	_____ p.m.	Date:

Observation Checklist

Walking: <input type="checkbox"/> Holding On <input type="checkbox"/> Swaying <input type="checkbox"/> Stumbling <input type="checkbox"/> Falling <input type="checkbox"/> Unable to Walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Other: _____	Standing: <input type="checkbox"/> Swaying <input type="checkbox"/> Unable to Stand <input type="checkbox"/> Feet Wide Apart <input type="checkbox"/> Staggering <input type="checkbox"/> Rigid <input type="checkbox"/> Sagging at Knees <input type="checkbox"/> Other: _____
Speech: <input type="checkbox"/> Whispering <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Mute <input type="checkbox"/> Other: _____	Demeanor: <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Excited <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Argumentative <input type="checkbox"/> Calm <input type="checkbox"/> Talkative <input type="checkbox"/> Polite <input type="checkbox"/> Sarcastic <input type="checkbox"/> Sleepy <input type="checkbox"/> Other: _____
Actions: <input type="checkbox"/> Hostile <input type="checkbox"/> Fighting <input type="checkbox"/> Profanity <input type="checkbox"/> Drowsy <input type="checkbox"/> Threatening <input type="checkbox"/> Hyperactive <input type="checkbox"/> Erratic <input type="checkbox"/> Calm <input type="checkbox"/> Resisting Communication <input type="checkbox"/> Other: _____	Eyes: <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Droopy <input type="checkbox"/> Dilated <input type="checkbox"/> Glassy <input type="checkbox"/> Closed <input type="checkbox"/> Other: _____
Face: <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Other: _____	Appearance/ Clothing: <input type="checkbox"/> Neat <input type="checkbox"/> Unruly <input type="checkbox"/> Messy <input type="checkbox"/> Dirty <input type="checkbox"/> Stains on Clothing <input type="checkbox"/> Body Odor <input type="checkbox"/> Partially Dressed <input type="checkbox"/> Body Excrement Stains <input type="checkbox"/> Other: _____



Reasonable Suspicion Checklist

Breath: <input type="checkbox"/> No Alcoholic Odor <input type="checkbox"/> Faint Alcoholic Odor <input type="checkbox"/> Alcoholic Odor <input type="checkbox"/> Sweet/Pungent Tobacco Odor <input type="checkbox"/> Heavy Usage of Breath Spray <input type="checkbox"/> Other: _____	Movements: <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Normal <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other: _____
--	---

- Miscellaneous:**
- Presence of alcohol and/or drugs in associate's possession or vicinity.
 - On-the-job misconduct by employee
 - Employee admission concerning alcohol use and/or drug use/possession
 - If there are witnesses to employee's conduct, list below:
 - Other (List Below)

Other Observations: (if accident, provide details)

Employee's Explanation of Reasons for His/Her Conduct (attached separate sheet of paper, if needed):

Employee has agreed to testing

Employee has NOT agreed to testing

Supervisor/Manager Signature

Date

Witness Signature

Date