



Alcohol and Drug Use Reasonable Suspicion CHECKLIST AND INSTRUCTION FORM

Instructions: If an employee is demonstrating signs of impairment from unauthorized or illegal substances in the workplace, then a supervisor or other authorized company representative should use this form to document the objective symptoms of impairment that are observed. Best practice is to have two individuals document the observations.

When using this form to establish “reasonable suspicion” for purposes of testing under a workplace drug testing policy, please note that reasonable suspicion must be established by objective, observable symptoms. Supervisors or other authorized company representatives must **be as specific and factual as possible** regarding the observed symptoms of impairment on this form. Any decision to test must be handled consistently with the employer’s drug and alcohol testing policy.

Section One

Employee Name (Last, First, & Middle)	Employee ID Number	Date of Hire
Title	Supervisor	Department
Date of Observation	Location of Observation	

Section Two

Brief summary of what happened

Section Three

Observations, check ALL that apply

Behavior	Appearance	Speech
<input type="checkbox"/> Stumbled	<input type="checkbox"/> Flushed complexion	<input type="checkbox"/> Slurred, thick
<input type="checkbox"/> Drowsy, sleepy, lethargic	<input type="checkbox"/> Sweating	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Agitated, anxious, restless	<input type="checkbox"/> Cold, clammy, sweats	<input type="checkbox"/> Exaggerated enunciation
<input type="checkbox"/> Hostile, withdrawn	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Loud, boisterous
<input type="checkbox"/> Unresponsive, distracted	<input type="checkbox"/> Tearing, watery eyes	<input type="checkbox"/> Rapid, pressured
<input type="checkbox"/> Clumsy, uncoordinated	<input type="checkbox"/> Dilated (large) pupils	<input type="checkbox"/> Excessively talkative
<input type="checkbox"/> Flu-like complaints	<input type="checkbox"/> Constricted (pinpoint) pupils	<input type="checkbox"/> Nonsensical, silly
<input type="checkbox"/> Suspicious, paranoid	<input type="checkbox"/> Unfocused, blank stare	<input type="checkbox"/> Cursing/inappropriate language
<input type="checkbox"/> Hyperactive, fidgety	<input type="checkbox"/> Disheveled clothing	
<input type="checkbox"/> Inappropriate, uninhibited behavior		Odor
<input type="checkbox"/> Unable to perform other essential function of the job:		<input type="checkbox"/> Alcohol
		<input type="checkbox"/> Marijuana
		<input type="checkbox"/> Other odor: _____

Other Observations: _____

Section Four

The observations documented above were made of the employee identified in Section 1 as observed by the following individuals:

Witness One

Signature: _____ Name (print): _____

Title: _____ Date: _____

Witness Two

Signature: _____ Name (print): _____

Title: _____ Date: _____

Section Five

Test Determination:

<input type="checkbox"/> Reasonable Suspicion for Alcohol Breath Test	<input type="checkbox"/> No Test Conducted
<input type="checkbox"/> Reasonable Suspicion for Drug Urine Test	<input type="checkbox"/> 8 hours elapsed
<input type="checkbox"/> No Test Required	<input type="checkbox"/> No collection available
<input type="checkbox"/> Employee Refused Test	<input type="checkbox"/> Employee transported for medical care
<input type="checkbox"/>	Other: _____

Section Six

Employee transported to collection site by: _____

Time transported at collection site: _____ am/pm

Collection Site Name and Address:

Section Seven

Person Completing this Form

Signature: _____ Name (print): _____

Title: _____ Date: _____

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