

Reasonable Suspicion Observed Behavior



Name of Observed Employee _____

Location _____

Date Observed: _____ Time Observed From: _____ a.m./p.m. To: _____ a.m./p.m.

Supervisors should report immediately to the department head any action by an employee who demonstrates an unusual pattern of behavior, including any traffic stop, complaint or accident by an employee. The department head or his or her designee will determine whether the employee should be examined by a physician or clinic or tested for drugs and alcohol. Employees believed to be under the influence of drugs, narcotics or alcohol will be required to leave the premises. The Human Resources Director should be notified. Safe transit should be arranged for the employee.

When there is reasonable suspicion that an employee at work is under the influence of drugs, narcotics or alcohol, the supervisor or department head observing the behavior as well as another supervisor/department head as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist

1. **WALKING/BALANCE:**

<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Falling	<input type="checkbox"/> Unable to Stand
<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Holding on	<input type="checkbox"/> Rigid
<input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Feet wide apart		
2. **SPEECH:**

<input type="checkbox"/> Shouting	<input type="checkbox"/> Whispering	<input type="checkbox"/> Slow	<input type="checkbox"/> Rambling
<input type="checkbox"/> Slurred	<input type="checkbox"/> Slobbering	<input type="checkbox"/> Incoherent	
3. **ACTIONS:**

<input type="checkbox"/> Resisting communications	<input type="checkbox"/> Insulting	<input type="checkbox"/> Hostile	<input type="checkbox"/> Drowsy
<input type="checkbox"/> Fighting/insubordinate	<input type="checkbox"/> Profanity	<input type="checkbox"/> Threatening	<input type="checkbox"/> Erratic
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Crying	<input type="checkbox"/> Indifferent	
4. **EYES:**

<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Dilated	<input type="checkbox"/> Glassy
<input type="checkbox"/> Droopy	<input type="checkbox"/> Closed	<input type="checkbox"/> Wearing Sunglasses	
5. **FACE:**

<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty	
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6. **APPEARANCE/CLOTHING:**

<input type="checkbox"/> Disheveled	<input type="checkbox"/> Messy	<input type="checkbox"/> Dirty	<input type="checkbox"/> Partially dressed
<input type="checkbox"/> Having odor	<input type="checkbox"/> Stains on clothing		
7. **BREATH:**

<input type="checkbox"/> Alcoholic odor	<input type="checkbox"/> Faint alcohol odor	<input type="checkbox"/> No alcohol odor	<input type="checkbox"/> Marijuana odor
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8. **MOVEMENTS:**

<input type="checkbox"/> Fumbling	<input type="checkbox"/> Jerky	<input type="checkbox"/> Slow	<input type="checkbox"/> Nervous
<input type="checkbox"/> Hyperactive			
9. **EATING/CHEWING:**

<input type="checkbox"/> Gum	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Other			

Other observations: _____

Did employee admit to using drugs or alcohol? ____ Yes ____ No

When: _____ Substance: _____

How much: _____ Where taken: _____

WITNESSED BY:

_____ Signature	_____ Title	_____ Preparation Date	_____ Time	a.m./p.m.
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_____ Signature	_____ Title	_____ Preparation Date	_____ Time	a.m./p.m.
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