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:
   - Stumbling
   - Staggering
   - Falling
   - Unable to Stand
   - Swaying
   - Unsteady
   - Holding on
   - Rigid
   - Sagging at knees
   - Feet wide apart

2. SPEECH:
   - Shouting
   - Whispering
   - Slow
   - Rambling
   - Slurred
   - Slobbering
   - Incoherent

3. ACTIONS:
   - Resisting communications
   - Insulting
   - Hostile
   - Drowsy
   - Fighting/insubordinate
   - Profanity
   - Threatening
   - Erratic
   - Hyperactive
   - Crying
   - Indifferent

4. EYES:
   - Bloodshot
   - Watery
   - Dilated
   - Glassy
   - Droopy
   - Closed
   - Wearing Sunglasses

5. FACE:
   - Flushed
   - Pale
   - Sweaty

6. APPEARANCE/CLOTHING:
   - Disheveled
   - Messy
   - Dirty
   - Partially dressed
   - Having odor
   - Stains on clothing

7. BREATH:
   - Alcoholic odor
   - Faint alcohol odor
   - No alcohol odor
   - Marijuana odor

8. MOVEMENTS:
   - Fumbling
   - Jerky
   - Slow
   - Nervous
   - Hyperactive

9. EATING/CHEWING:
   - Gum
   - Candy
   - Mints
   - Tobacco
   - Other

Other observations: ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

1
Did employee admit to using drugs or alcohol? ____ Yes ____ No

When: _______________________________________ Substance: _________________________________________

How much: ____________________________________ Where taken: _______________________________________

WITNESSED BY:

___________________________      _____________________________    ____________________  __________ a.m./p.m.

Signature                      Title                        Preparation Date       Time

___________________________      _____________________________    ____________________  __________ a.m./p.m.

Signature                      Title                        Preparation Date       Time