

Reasonable Suspicion Checklist

The following checklist should be completed when a leader suspects an employee to be under the influence based on the physical appearance and behavior of the employee. A leader should utilize the information found on HR's "Drug Free Workplace Information for Leaders and Employees: What it means and how to address concerns" as a guide. The goal is to objectively evaluate the employee's condition and ability to perform their job duties based on behavior or sensory observations. The checklist is designed to assist the leader in documenting their observations, such as "the employee was staggering and had slurred speech or had a strong odor of alcohol on their breath" and does not simply state a conclusion, "the employee was drunk." The completed checklist is to be sent via email to the area's HR Business Partner.

PART 1: EMPLOYEE INFORMATION

Employee Name: _____

Employee Job Title: _____

Observation Date: _____

Observation Time: **Start:** _____ a.m./p.m. **Stop:** _____ a.m./p.m.

Location where this behavior was observed:

PART 2: OBSERVATIONS

(Place a **checkmark** next to any of the following observations exhibited by the employee.)

SENSORY

Walking:

____ Holding on; ____ Stumbling; ____ Unable to walk; ____ Unsteady; ____ Staggering.
 ____ Swaying; ____ Falling; ____ Other (describe) _____

Standing:

____ Swaying; ____ Feet wide apart; ____ Unable to stand; ____ Rigid; ____ Staggering.
 ____ Sagging at knees; ____ Dizziness; ____ Other (describe) _____

Movements:

____ Fumbling; ____ Jerky; ____ Nervous; ____ Slow; ____ Normal.
 ____ Hyperactive; ____ Reduced reaction time; ____ Not following tasks; ____ Diminished coordination; ____ Tremors; ____ Yawning; ____ Twitching; ____
 Other(describe) _____

Eyes:

___ Bloodshot; ___ Watery; ___ Droopy; ___ Glassy; ___ Closed; ___ Dilated/Constricted Pupils; ___ Involuntary Eye Movement; ___ Other (describe) _____

Face:

___ Flushed; ___ Pale; ___ Sweaty; ___ Confused or Blank look; ___ Clenched Teeth; ___ Slobbering; ___ Other (describe) _____

Odors:

___ No alcoholic odor; ___ Faint alcoholic odor; ___ Alcoholic odor; ___ Chemical odor; ___ Sweet/pungent tobacco odor; ___ Heavy use of spray; ___ Marijuana Oder: ___ Burnt rope smell on clothes, hair, body ___ Other (describe) _____

Speech:

___ Whispering; ___ Slurred; ___ Shouting; ___ Incoherent; ___ Distracted Mid-Thought; ___ Silent; ___ Rambling; ___ Mute; ___ Slow; ___ Other (describe) _____

Appearance:

___ Neat; ___ Unruly; ___ Messy; ___ Dirty; ___ Stains on clothing; ___ Partially dressed; ___ Bodily excrement stains; ___ Visible puncture marks or tracks; ___ Excessive sweating in cool area; ___ Other (describe) _____

BEHAVIORAL

Demeanor:

___ Cooperative; ___ Uncooperative; ___ Calm; ___ Talkative/Rapid Speech; ___ Polite; ___ Sarcastic; ___ Sleepy; ___ Crying; ___ Sleeping on job; ___ Argumentative; ___ Excited; ___ Withdrawn; ___ Mood swings; ___ Overreacts to minor things; ___ Excessive laughter; ___ Forgetful; ___ Increased or Decreased Productivity. ___ Other(describe) _____

Actions:

___ Hostile; ___ Fighting; ___ Profanity; ___ Drowsy; ___ Threatening; ___ Unconscious; ___ No Reaction to Questions; ___ Lack of Awareness; ___ Erratic; ___ Hyperactive; ___ Calm; ___ Resisting communication; ___ Paranoid; ___ Possessing, using, or distributing an illegal substance; ___ Baseless Panic; ___ Other(describe) _____

Appetite:

___ Always munching on something; ___ Constantly Chewing Gum. ___ Frequently Eating Candy; ___ Popping Mints Often. ___ Other (describe) _____
___ Presence of alcohol and/or drugs in employee's possession or vicinity

MISCELLANEOUS

___ On-the-job misconduct by employee

___ Employee discloses they are currently under the influence of alcohol or drugs while engaging in work. (Describe the information shared by the employee.)

CORROBORATING WITNESSES

(List names of all witnesses to the employee’s conduct below).

OTHER OBSERVATIONS

(List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in. Include additional documents if appropriate.)

I certify that I personally witnessed the above situation, and the above concerns are currently present.

Signature: _____

Name: _____

Position: _____

Date: _____

Determining if Reasonable Suspicion is present:

The leader should review the information gathered above and consider the following:

- Are the noted sensory and behavioral signs abnormal for the employee?
- Are there multiple sensory and behavioral signs noted that do not make sense?
- Does the leader reasonably believe the signs could be the result of possible use of drugs and/or alcohol?

As stated above, the sensory and behavioral signs should be currently observed and personally witnessed by the leader.

If from the above observations it is objectively reasonable to believe the employee could be under the influence of drugs or alcohol and two leaders (if possible) have observed this behavior and come to the same conclusion; the employee's leader should proceed with using the **Reasonable Suspicion Worksheet** to discuss the concerns with the employee.

If leadership does not identify that it is reasonable to suspect the employee is under the influence of drugs or alcohol, they may still need to address the concerning behavior to ensure the work environment is productive and safe. An example of this would include determining an employee's behavior of being fidgety, loud, and emotional was caused by recently learning of a death within their family. The leader's role in addressing this behavior would be to speak with the employee to provide applicable resources, such as the Employee Assistance Program and time off work.