

REASONABLE SUSPICION TESTING CHECKLIST

Employee Name: _____ Employee Job Title: _____

Facility: _____ Location of Event: _____

Observation Date: _____ Time: _____ a.m./p.m.

Was employee performing a safety-sensitive duty? Yes No

The following observations were made of the employee identified above:

Check ALL specific and contemporaneous observations and document the following:

BEHAVIOR

- unsteady gait, stumbling
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, belligerent
- irritable, moody
- depressed, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

BODY ODORS

- alcohol
- marijuana

Other observations: _____

Supervisor Name (print or type)

Supervisors Signature

Date

Additional witnesses (optional)

Witness Name (print or type)

Witness Signature

Date

TEST DETERMINATION

- DOT NON-DOT
- Reasonable Suspicion Alcohol Test
- Reasonable Suspicion Drug Test
- No Test Required
- Employee Refused Test

- NO Test Conducted
- 8 hours elapsed for alcohol test
- 32 hours elapsed for drug test
- Employee transported for medical care
- Other (explain): _____

Employee transported to collection site by: _____

Time of Transport: _____ a.m./p.m. Collection Facility: _____