



## ALCOHOL AND DRUG USE REASONABLE SUSPICION OBSERVATION CHECKLIST

### 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 (if applicable).

### SECTION THREE

Observations, check ALL that apply.

#### BEHAVIOR

- Stumbled
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Hostile, withdrawn
- Unresponsive, distracted
- Clumsy, uncoordinated
- Flu-like complaints
- Suspicious, paranoid
- Hyperactive, fidgety
- Inappropriate, uninhibited behavior
- Unable to perform other essential function of the job: \_\_\_\_\_

#### APPEARANCE

- Flushed complexion
- Sweating
- Cold, clammy, sweats
- Bloodshot eyes
- Tearing, watery eyes
- Dilated (large) pupils
- Constricted (pinpoint) pupils
- Unfocused, blank stare
- Disheveled clothing

#### SPEECH

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing/inappropriate language

#### ODOR

- Alcohol
- Marijuana
- Other odor: \_\_\_\_\_

Other Observations: \_\_\_\_\_

**Section Four**

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

**Witness One**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness Two**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section Five**

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**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**

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Employee transported to collection site by: \_\_\_\_\_

Time transported at collection site: \_\_\_\_ am/pm

Collection Site Name and Address:

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**Section Seven**

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**Person Completing this Form**

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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