



DRUGS AND ALCOHOL REASONABLE SUSPICION CHECKLIST

Name of Observed Employee	Date	Time (am/pm)
Location		

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist								
Walking	Yes	No		Yes	No		Yes	No
Holding on			Stumbling			Unable to walk		
Unsteady			Staggering			Swaying		
Falling			Other					
Standing	Yes	No		Yes	No		Yes	No
Swaying			Feet wide apart			Unable to stand		
Rigid			Staggering			Sagging at knees		
Other								
Speech	Yes	No		Yes	No		Yes	No
Whispering			Slurred			Shouting		
Incoherent			Slobbering			Silent		
Rambling			Mute			Slow		
Other								
Demeanor	Yes	No		Yes	No		Yes	No

Cooperative			Calm			Talkative		
Sarcastic			Sleepy			Polite		
Crying			Sleeping on job			Argumentative		
Other								
Actions	Yes	No		Yes	No		Yes	No
Hostile			Fighting			Profanity		
Drowsy			Threatening			Hyperactive		

Eyes	Yes	No		Yes	No		Yes	No
Bloodshot			Watery			Droopy		
Dilated			Glassy			Closed		
Other								
Face	Yes	No		Yes	No		Yes	No
Flushed			Pale			Sweaty		
Other								
Appearance/Clothing	Yes	No		Yes	No		Yes	No
Neat			Unruly			Messy		
Dirty			Stains on clothing			Having odor		



Partially dressed			Bodily excrement stains					
Other								
Breath	Yes	No		Yes	No		Yes	No
No alcoholic odor			Faint alcoholic odor			Alcoholic odor		
No cannabis or drug odor			Smell of cannabis			Smell of another known drug		
Other								
Movements	Yes	No		Yes	No		Yes	No
Fumbling			Jerky			Nervous		
Other								

___ Presence of alcohol and/or drugs in associate's possession or vicinity

___ On-the-job misconduct by employee

___ Employee admission concerning alcohol use and/or drug use or possession

If there are witnesses to employee's conduct list:



Other observations: (if accident, provide details)

Employee's explanation of reasons for their conduct:

Once the above portion of form has been completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow company procedures as outlined in [Organization Name]'s Drug and Alcohol Policy.

(Check one)

☐ Employee has agreed to testing

☐ Employee has not agreed to testing

Supervisor/Manager Signature	Date
Witness Signature	Date