

Substance Free Workplace Policy Reasonable Suspicion Incident Report Form

This checklist is used to determine and document reasonable suspicion of a potential violation of the Substance Free Workplace Policy. In such instances, all supervisors observing the appearance, behavior, speech or body odor of an employee, must complete a checklist. This form must be completed prior to testing. This form and the Reasonable Suspicion Consent Form must be used to notify the employee that they are being asked to submit to drug and alcohol testing.

Date: _____ Time: _____ AM/PM Location of Observations: _____

Name of Observed Employee: _____ Supervisor Name: _____

OBSERVED INDICATORS CHECKLIST

Physical Indicators:

<p>FACE</p> <p><input type="checkbox"/> Red/Flushed</p> <p><input type="checkbox"/> Pale</p> <p><input type="checkbox"/> Sweaty</p> <p><input type="checkbox"/> Sores</p> <p><input type="checkbox"/> Slobbering</p> <p><input type="checkbox"/> Grinding teeth</p> <p><input type="checkbox"/> Dry mouth</p> <p><input type="checkbox"/> Runny Nose</p> <p><input type="checkbox"/> Other _____</p> <p>EYES</p> <p><input type="checkbox"/> Watery</p> <p><input type="checkbox"/> Bloodshot</p> <p><input type="checkbox"/> Glassy</p> <p><input type="checkbox"/> Dilated pupils</p> <p><input type="checkbox"/> Constricted pupils</p> <p><input type="checkbox"/> Closed</p> <p><input type="checkbox"/> Droopy eyes</p> <p><input type="checkbox"/> Other _____</p>	<p>WALKING</p> <p><input type="checkbox"/> Holding on</p> <p><input type="checkbox"/> Stumbling</p> <p><input type="checkbox"/> Unable to walk</p> <p><input type="checkbox"/> Unsteady</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Falling</p> <p><input type="checkbox"/> Other _____</p> <p>STANDING</p> <p><input type="checkbox"/> Swaying</p> <p><input type="checkbox"/> Unbalanced</p> <p><input type="checkbox"/> Feet Wide Apart</p> <p><input type="checkbox"/> Rigid</p> <p><input type="checkbox"/> Staggering</p> <p><input type="checkbox"/> Sagging at knees</p> <p><input type="checkbox"/> Other _____</p>	<p>SPEECH</p> <p><input type="checkbox"/> Whispering</p> <p><input type="checkbox"/> Slurred</p> <p><input type="checkbox"/> Shouting</p> <p><input type="checkbox"/> Incoherent</p> <p><input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Rambling</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Fast</p> <p><input type="checkbox"/> Other _____</p> <p>MOVEMENTS</p> <p><input type="checkbox"/> Fumbling</p> <p><input type="checkbox"/> Jerky</p> <p><input type="checkbox"/> Nervous</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Miming</p> <p><input type="checkbox"/> Other _____</p>	<p>BREATH/ODOR</p> <p><input type="checkbox"/> Faint alcohol odor</p> <p><input type="checkbox"/> Strong alcohol odor</p> <p><input type="checkbox"/> Sweet/pungent tobacco odor</p> <p><input type="checkbox"/> Chemical odor</p> <p><input type="checkbox"/> Marijuana odor</p> <p><input type="checkbox"/> Body odor</p> <p><input type="checkbox"/> Alcohol body odor</p> <p><input type="checkbox"/> Mouthwash/Breath Spray</p> <p><input type="checkbox"/> Gum/mints/candy</p> <p><input type="checkbox"/> Other _____</p> <p>APPEARANCE</p> <p><input type="checkbox"/> Messy</p> <p><input type="checkbox"/> Dirty/stained clothing</p> <p><input type="checkbox"/> Burns on person/clothing</p> <p><input type="checkbox"/> Ripped/Torn clothing</p> <p><input type="checkbox"/> Partially dressed</p> <p><input type="checkbox"/> Puncture marks/needle tracks</p> <p><input type="checkbox"/> Other _____</p>
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Behavioral Indicators:

<p>DEMEAVOR</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Talkative</p> <p><input type="checkbox"/> Sarcastic</p> <p><input type="checkbox"/> Anxious</p> <p><input type="checkbox"/> Disoriented</p> <p><input type="checkbox"/> Sleepy</p> <p><input type="checkbox"/> Polite</p> <p><input type="checkbox"/> Silent</p> <p><input type="checkbox"/> Belligerent</p> <p><input type="checkbox"/> Excited</p> <p><input type="checkbox"/> Inattentive</p> <p><input type="checkbox"/> Drowsy</p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Resisting communication</p> <p><input type="checkbox"/> Tearful/crying</p> <p><input type="checkbox"/> Mood changes</p> <p><input type="checkbox"/> Appears normal</p> <p><input type="checkbox"/> Other _____</p>	<p>ACTIONS</p> <p><input type="checkbox"/> Fighting</p> <p><input type="checkbox"/> Erratic</p> <p><input type="checkbox"/> Threatening</p> <p><input type="checkbox"/> Non-communicative</p> <p><input type="checkbox"/> Argumentative</p> <p><input type="checkbox"/> Profanity</p> <p><input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Sleeping on job</p> <p><input type="checkbox"/> Other _____</p>
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Additional Facts:

- Presence of drugs or alcohol in employee's possession or vicinity
- Employee left workplace
- Police contacted
- Accident/Injury on the job
- On the job misconduct by employee (specify in comments)
- Witnesses (list names):

Additional Comments/Observations:

Employee's explanation for behavior:

This form completed on ___/___/___ at ___:___ AM/PM by:

Print Name: _____

Signed: _____