

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- Depressed, withdrawn
- Unfocused, blank stare
- 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
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- nonsensical, silly
- cursing, inappropriate speech
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative

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

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> DOT | <input type="checkbox"/> NON-DOT | <input type="checkbox"/> NO Test Conducted |
| <input type="checkbox"/> Reasonable Suspicion Alcohol Test | | <input type="checkbox"/> 8 hours elapsed for alcohol test |
| <input type="checkbox"/> Reasonable Suspicion Drug Test | | <input type="checkbox"/> 32 hours elapsed for drug test |
| <input type="checkbox"/> No Test Required | | <input type="checkbox"/> Employee transported for medical care |
| <input type="checkbox"/> Employee Refused Test | | <input type="checkbox"/> Other (explain): _____ |

Employee transported to collection site by: _____
Time of Transport: _____ a.m./p.m. Collection Facility: _____