

## ***REASONABLE SUSPICION TESTING CHECKLIST***

<b>Employee Name:</b> _____	<b>Employee Job Title:</b> _____
<b>Facility:</b> _____	<b>Location of Event:</b> _____
<b>Observation Date:</b> _____ <b>Time:</b> _____ a.m. / p.m.	
<b>Was employee performing a safety-sensitive duty?</b> 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- ☐ Depressed, withdrawn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"/> <b>DOT</b> <input type="checkbox"/> <b>NON-DOT</b><br><input type="checkbox"/> Reasonable Suspicion Alcohol Test<br><input type="checkbox"/> Reasonable Suspicion Drug Test<br><input type="checkbox"/> No Test Required<br><input type="checkbox"/> Employee Refused Test | <input type="checkbox"/> NO Test Conducted<br><input type="checkbox"/> 8 hours elapsed for alcohol test<br><input type="checkbox"/> 32 hours elapsed for drug test<br><input type="checkbox"/> Employee transported for medical care<br><input type="checkbox"/> Other (explain): _____ |
|---|---|

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

Time of Transport: \_\_\_\_\_ a.m. / p.m. Collection Facility: \_\_\_\_\_