

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- depressed, withdrawn
- 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
- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

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: _____