

Reasonable Suspicion Checklist

Date And Time _____

Employee Name _____

Direction: Check All Boxes That Apply. Fill Out As Completely As Practical

Breath Smells Like Alcohol Or Alcoholic Beverage _____

Breath/Hair/Hands/Clothes Smell Like Marijuana _____

Bodily Odors Masked By Gum/Mints/Cologne, Etc. _____

Eyes Bloodshot _____

Eyes Glassy _____

Eyelids Swollen _____

Eyes Watery _____

Pupils Dilated _____

Pinpoint Pupils _____

Face Flushed _____

Face Pale _____

Unusual Sweating _____

Speech Slurred _____ Incoherent _____ Rambling _____

Won't Stop Talking _____

Won't Talk _____

Voice Unusually Loud _____

Or Soft _____

Movement Jerky _____

Or Uncoordinated _____

Acts Hyperactive _____

Moves Very Slowly _____

Stumbles, Stagger Or Falls When Walking _____

Sways, Sags Or Leans On Support When Standing _____

Sudden, Marked Mood Swings _____

Sudden, Marked Changes In Activity Level _____

Acts Sleepy _____

Unusually Quarrelsome Or Irritable _____

Doesn't Seem To Care About Anything _____

Detailed description of employee's appearance, behavior, and conduct:

What is employee's explanation of behavior or appearance?

Supervisor Name

Supervisor's Signature

I have reviewed this checklist and have personally observed _____'s behavior, and I concur that there is reasonable suspicion to test.

Name

Signature

Date