REASONABLE SUSPICION CHECK LIST



Additional witnesses (optional)

Company:
Address:
Supervisor Name:

Employee Name:	loyee Name: Employee Job Title:		
Facility:	of Event:		
Observation Date: Tim	e: a.m./p.m.		
Was employee performing a safety-sens	sitive duty? Yes	No	
The following obser	vations were made of the employ	yee identified above:	
Check ALL specific and contemporan	eous observations and documen	t the following:	
BEHAVIOR	APPEARANCE	SPEECH	
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gait, stumbling drowsy, sleepy, lethargic agitated, anxious, restless hostile, belligerent irritable, moody depressed, withdrawn unresponsive, distracted clumsy, uncoordinated tremors, shakes flu-like illness complaints	☐ flushed complexion ☐ flushed complexion ☐ cold, clammy sweats ☐ bloodshot eyes ☐ tearing, watery eyes ☐ dilated (large) pupils ☐ constricted (pinpoint) pupils ☐ unfocused, blank stare ☐ unkempt appearance	□ slurred, thick □ incoherent □ exaggerated enunciation □ loud, boisterous □ rapid, pressured □ excessively talkative □ nonsensical, silly □ cursing, inappropriate speech	
suspicious, paranoidhyperactive, fidgety	☐ disheveled clothing	BODY ODORS	
 inappropriate, uninhibited behavior frequent use of mints, mouthwash, breath sprays, eye drops 		☐ alcohol ☐ marijuana	
Other observations:			
Supervisor Name (print or type)	Supervisors Signature	 Date	

Witness Name (print or type) Witness Signature Date TEST DETERMINATION DOT DON-DOT DON-DOT