Reasonable Suspicion Checklist

Date: ___________________________  Time: ___________________________

Employee Name, Title: _______________________________________________________

Person Completing form, Title: __________________________________________________

When an employee presents themselves and or has behaviors that constitute reasonable suspicion of substance abuse, complete this check list and submit it to Human Resources.

<table>
<thead>
<tr>
<th>ODOR:</th>
<th>MOVEMENTS:</th>
<th>EATING / DRINKING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Smells of alcohol</td>
<td>☐ Staggering / Stumbling</td>
<td>☐ Always Eating</td>
</tr>
<tr>
<td>☐ Smells of marijuana</td>
<td>☐ Holding on</td>
<td>☐ Excessive Complaints of hunger</td>
</tr>
<tr>
<td>☐ Smells of chemicals</td>
<td>☐ Sagging at knees</td>
<td>☐ Constantly chewing (gum, mints)</td>
</tr>
<tr>
<td>☐ Heavy use of masking agent (mouthwash, cologne)</td>
<td>☐ Unable to walk</td>
<td>☐ Appears to have dry mouth</td>
</tr>
<tr>
<td>☐ Body Odor</td>
<td>☐ Fumbling / Dropping items</td>
<td>☐ Excessive drinking</td>
</tr>
<tr>
<td>☐ Urine / Feces</td>
<td>☐ Appears dizzy</td>
<td></td>
</tr>
<tr>
<td>☐ Vomit</td>
<td>☐ Fidgety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Repetitive and unproductive movement; bouncing knees, nodding head</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Shifting weight frequently</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Pacing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Appears “slow-motion”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Swaying</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Hyperactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Tremors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Irregular breathing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Shivering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Rigid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Jerky</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Appearingly sensitive to light</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ darting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Poor eye contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Staring</td>
<td></td>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>EYES:</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ Dilated pupils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Blood-shot eyes</td>
<td></td>
<td></td>
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<tr>
<td>☐ Glassy eyes</td>
<td></td>
<td></td>
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<tr>
<td>☐ Watery eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Droopy eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Involuntary eye movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Appears overly-sensitive to light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Darting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Poor eye contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Staring</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SPEECH:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Slurred</td>
<td></td>
<td></td>
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<tr>
<td>☐ Slow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Thick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Talkative</td>
<td></td>
<td></td>
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<tr>
<td>☐ Rapid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Loud / Shouting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Rambling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Incoherent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Repeating self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Silent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Whispering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Swearing</td>
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</tr>
</tbody>
</table>
In your own words, describe the incident or observations that lead to reasonable suspicion of drug or alcohol use. Include events before, during and after any drug testing.

<table>
<thead>
<tr>
<th>EMOTIONS:</th>
<th>ACTIONS:</th>
<th>INACTION:</th>
<th>PRESENTATION / APPEARANCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inappropriate laughter</td>
<td>☐ Yawning</td>
<td>☐ Sleeping</td>
<td>☐ Disheveled</td>
</tr>
<tr>
<td>☐ Inappropriate crying</td>
<td>☐ Nodding off</td>
<td>☐ Unconscious</td>
<td>☐ Careless Dressing</td>
</tr>
<tr>
<td>☐ Argumentative</td>
<td>☐ Taking frequent breaks</td>
<td>☐ No reactions to questions</td>
<td>☐ Poor grooming / make-up</td>
</tr>
<tr>
<td>☐ Agitated / Irritable</td>
<td>☐ Leaving work area</td>
<td>☐ Staring off into space</td>
<td>☐ Dirty / Stained</td>
</tr>
<tr>
<td>☐ Easily Frustrated</td>
<td>☐ Not following directions</td>
<td>☐ Ignoring work communication</td>
<td>☐ Inappropriate clothes</td>
</tr>
<tr>
<td>☐ Mood Swings</td>
<td>☐ Not attending to tasks</td>
<td></td>
<td>☐ Visible puncture marks or tracks</td>
</tr>
<tr>
<td>☐ Overreacting</td>
<td>☐ Making frequent mistakes</td>
<td></td>
<td>☐ Burns on body or clothes</td>
</tr>
<tr>
<td>☐ Avoiding</td>
<td></td>
<td></td>
<td>☐ Powder around nose</td>
</tr>
<tr>
<td>☐ Excessive Smiling</td>
<td></td>
<td></td>
<td>☐ Marked departure from normal appearance</td>
</tr>
<tr>
<td>☐ Slamming items / tools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Easily startled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Fighting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Threatening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Inflated self esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACE:

☐ Flushed
☐ Sweating
☐ Pale
☐ Confused or blank look
☐ Involuntary movement

COGNITION:

☐ Easily confused
☐ Illogical
☐ Poor concentration
☐ Forgetful
☐ Paranoid
☐ Hallucinations
☐ Grandiose Ideas
☐ Complains of persecution
☐ Distracted mid-thought
☐ Inability to verbalize thoughts