

REASONABLE SUSPICION TESTING CHECKLIST

EMPLOYEE NAME: _____ EMPLOYEE JOB TITLE: _____
FACILITY: _____ EVENT LOCATION: _____
DATE: _____ OBSERVATION TIME: _____

WAS THE EMPLOYEE PERFORMING A SAFETY-SENSITIVE DUTY? _____ YES _____ NO

CHECK ALL SPECIFIC AND CONTEMPORANEOUS OBSERVATIONS AND DOCUMENT THE FOLLOWING:

BEHAVIOR

- unsteady gait, stumbling
- drowsy, lethargic, sleepy
- 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- depressed, withdrawn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
- frequent breath-freshener use

APPEARANCE

- flushed complexion
- cold, clammy sweating
- bloodshot eyes
- tearing, watery eyes
- irritable, moody
- large (dilated) pupils
- small (constricted) pupils
- clumsy, uncoordinated
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

SPEECH

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

BODY ODORS

- alcohol
- marijuana

OTHER OBSERVATIONS: _____

SUPERVISOR NAME

SUPERVISOR SIGNATURE

DATE

WITNESS NAME (OPTIONAL)

WITNESS SIGNATURE

DATE

TEST DETERMINATION

- DOT
- NON-DOT
- REASONABLE SUSPICION ALCOHOL TEST
- REASONABLE SUSPICION DRUG TEST
- NO TEST REQUIRED
- EMPLOYEE REFUSED TEST
- NO TEST CONDUCTED
- 8 HOURS ELAPSED FOR ALCOHOL TEST
- 32 HOURS ELAPSED FOR DRUG TEST
- EMPLOYEE TRANSPORTED FOR MEDICAL CARE
- OTHER:

EMPLOYEE TRANSPORTED TO COLLECTION SITE BY: _____
TIME OF TRANSPORT: _____ COLLECTION FACILITY: _____