

# Reasonable Suspicion Checklist

The following checklist should be completed when a Manager or Supervisor suspects drug or alcohol use based on the physical appearance and/or behavior of a Team Member. This checklist should also be completed for all Team Members who report a work-related injury or cause an incident to ensure they are not exhibiting any signs or symptoms of drugs or alcohol that could have caused or contributed to the occurrence of the injury or incident. The Team Member should be removed from their workstation or area until a final decision is made regarding their fitness for duty. Please ensure they are seated in an area where they are also observed by yourself or another member of management. **First Responders or EMTs would be the best personnel to complete this form based on their observation as well as each member of management that have witnessed the behavior.**

## **PART 1: TEAM MEMBER INFORMATION**

Team Member Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Shift: \_\_\_\_\_ Location: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Observation Time: \_\_\_\_\_ am/pm

## **PART 2: OBSERVATIONS/VIOLATIONS**

Did the Team Member's accident or incident result in a violation of one of the below OSHA standards? If yes, check the appropriate box, complete the rest of the form, and ensure the Team Member is drug tested.

Fall protection     Lockout tagout     Overhead crane  
 Electrical safety (NFPA 70E)

Place a **checkmark** next to any of the following observations exhibited by the Team Member.

Is the Team Member exhibiting any signs or symptoms indicative of being under the influence of drugs or alcohol? If yes, check the box below and complete the remainder of the form. If no, check the box below, sign the form, and file it accordingly (unless one of the violations above occurred).

Yes     No

### **Physical Observations:**

Stumbling     Unable to stand/walk     Staggering     Hyperactive  
 Swaying     Falling down     Dizzy     Tremors  
 Very nervous     Confused     Combative/hostile     Slurred speech  
 Shouting     Can't speak     Incoherent     Rambling  
 Other (Describe): \_\_\_\_\_

### **Eyes:**

Bloodshot     Watery     Drooping     Glassy  
 Dilated/Constricted Pupils     Other: \_\_\_\_\_

### **Breath/Odor:**

Alcoholic odor     Sweet/pungent tobacco odor     \*Marijuana odor\*

\*In addition to detecting the odor of marijuana, the Team Member must also display one additional symptom before being required to undergo a drug test.

### **Miscellaneous:**

Presence of alcohol and/or drugs in Team Member's possession or vicinity  
 On-the-job misconduct by Team Member  
 Team Member admission to alcohol and/or drug use or possession

**Please list any other witnesses:**

\_\_\_\_\_

**OTHER OBSERVATIONS**

(List below any other observations not included in this checklist. Also provide details for any incident that the Team Member in question caused or was involved in.)

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**PART 3: TEAM MEMBER'S RESPONSE**

(Document the Team Member's explanation or reasons for his/her conduct below.)

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**PART 4: ACTION PLAN**

Once the above sections are completed by you and any witnesses, you should contact your Human Resources Department for the next step. If no one is available within the HR Dept, you may contact your Department Manager, GM or Director to make decision on whether the Team Member should be taken to the hospital for further testing, sent home, suspended or terminated. Under no circumstances should the Team Member be allowed to drive themselves if they are in fact impaired. It may be necessary to call the police if the Team Member becomes belligerent or uncooperative. Remember, our first priority is the safety of the Team Member and all others at the facility.

**Contacted Dept Manager:** \_\_\_\_\_ **at** \_\_\_\_\_

**Contacted Human Resources:** \_\_\_\_\_ **at** \_\_\_\_\_

**Decision to test Team Member made by:** \_\_\_\_\_

Place a **checkmark** next to all applicable actions based on this situation:

Team Member has agreed to testing

**Supervisor/Manager taking Team Member for testing:** \_\_\_\_\_

Team Member has **not** agreed to testing

**Disciplinary action taken by Management:** \_\_\_\_\_

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**Form Completed By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness(es) Signatures:** \_\_\_\_\_