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☐ depressed, withdrawn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  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: ___________________________