

REASONABLE SUSPICION TESTING CHECKLIST



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

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

CHECK ALL SPECIFIC 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- depressed, withdrawn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
- involved in injury or property damage possibly caused by impairment

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

<input type="checkbox"/> DOT	<input type="checkbox"/> NON-DOT	<input type="checkbox"/> NO TEST CONDUCTED
<input type="checkbox"/> REASONABLE SUSPICION ALCOHOL TEST		<input type="checkbox"/> 8 HOURS ELAPSED FOR ALCOHOL TEST
<input type="checkbox"/> REASONABLE SUSPICION DRUG TEST		<input type="checkbox"/> 32 HOURS ELAPSED FOR DRUG TEST
<input type="checkbox"/> NO TEST REQUIRED		<input type="checkbox"/> EMPLOYEE TRANSPORTED FOR MEDICAL CARE
<input type="checkbox"/> EMPLOYEE REFUSED TEST		<input type="checkbox"/> OTHER

EMPLOYEE TRANSPORTED TO COLLECTION SITE BY: _____

TIME OF TRANSPORTATION: _____ COLLECTION FACILITY: _____