

Making a Reasonable Suspicion for Possible Impairment Check List

Employee: _____

Date observed: _____ Time observed: _____

Observe employee for signs of impairment. You may speak with the employee as part of the observation.

Walking/Balance:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Stumbling | <input type="checkbox"/> Staggering | <input type="checkbox"/> Falling | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Holding on | <input type="checkbox"/> Unable to stand |
| <input type="checkbox"/> Sagging at knees | <input type="checkbox"/> Feet wide apart | | |

Speech:

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Whispering | <input type="checkbox"/> Slow | <input type="checkbox"/> Rambling |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Slobbering | <input type="checkbox"/> Incoherent | |

Actions:

- | | | | |
|---|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Insulting | <input type="checkbox"/> Hostile | <input type="checkbox"/> Drowsy |
| <input type="checkbox"/> Profanity | <input type="checkbox"/> Threatening | <input type="checkbox"/> Erratic | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Resisting communications | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Fighting/insubordinate | |

Eyes:

- | | | | |
|------------------------------------|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Watery | <input type="checkbox"/> Dilated | <input type="checkbox"/> Glassy |
| <input type="checkbox"/> Droopy | <input type="checkbox"/> Closed | <input type="checkbox"/> Constricted | <input type="checkbox"/> Wearing sunglasses |

Face:

- | | | |
|----------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty |
|----------------------------------|-------------------------------|---------------------------------|

Appearance/Clothing:

- | | | | |
|---|--|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Messy | <input type="checkbox"/> Dirty | <input type="checkbox"/> Having order |
| <input type="checkbox"/> Stains on clothing | <input type="checkbox"/> Partially dressed | | |

Breath:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcoholic odor | <input type="checkbox"/> Marijuana odor | <input type="checkbox"/> No alcohol order |
| <input type="checkbox"/> Faint alcohol odor | | |

Movements:

- | | | | |
|--------------------------------------|--------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Fumbling | <input type="checkbox"/> Jerky | <input type="checkbox"/> Slow | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Hyperactive | | | |

Eating/Chewing:

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Gum | <input type="checkbox"/> Candy | <input type="checkbox"/> Mints | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Other | | | |

Notes:

Did the employee admit to using drugs or alcohol? Yes No

Substance: _____

How much was taken? _____

Where was it taken? _____

When was it taken? _____

- Get concurrence from second supervisor if practical.
- Notify Human Resources Department of situation.
- Determine if there is a possibility of a medical crisis. Call medic if in doubt.
- Remove the employee from their work assignment.
- Take employee to a private location to conduct an interview. Have a witness if practical.
- Present documentation of observations to employee.
- Ask employee for possible explanation of behaviors.
- If the discussion and facts lead a trained supervisor to conclude that the condition may be caused by drugs or alcohol, request reasonable suspicion testing.
- Complete any company specific forms, authorizations, acknowledgements, etc.
- Notify collection site and prepare them for your arrival. Ensure the site understands what testing is to be performed (DOT, Non-DOT, urine for drugs and alcohol, dugs only or alcohol only).
- Arrange to transport employee to collection site.
- At completion of testing, ensure employee has safe transportation home.
- Notify employee of expected sequence of events.
- Notify appropriate company representatives that testing has been conducted.