

Reasonable Suspicion Checklist And Reporting Form

Date of Report: _____ Date/Time Period Covered by Observation: _____

Employee Name: _____ Job Title: _____

Supervisor: _____

Corroborating Witness (if applicable): _____

Physical Symptoms

(Provide explanation where appropriate)

- flushed or pale face
- dilated or constricted pupils (note which)
- constricted pupils
- glassy eyes
- bloodshot or red eyes
- sniffles/runny nose
- swaying, wobbling, staggering or falling
- dizziness
- excessive sweating in cool areas
- smell of liquor
- strange chemical odor on breath
- burnt rope smell on clothes, hair or body
- drowsiness
- incoherent, confused or slurred speech
- apparent insensitivity to pain
- reduced reaction time
- poor coordination
- increased or depressed breathing rate
- tremors
- other (*explain*) _____

Behavioral

- antagonistic
- restless
- overreacts to minor things
- unusually talkative/rapid speech
- excessive laughter or hilarity
- baseless panic
- withdrawn
- rapid mood swings
- irritable
- combative
- depressed
- paranoid
- other (*explain*) _____

Work Symptoms

(Provide explanation where appropriate)

- doesn't follow task instructions
- shows disregard for safety of self and others
- exhibits excessive carelessness
- appears unable to concentrate fully
- excessive mistakes
- unexplained declines in productivity
- dangerous behavior/needless risk taking
- unable to order tasks
- forgetfulness
- excessive focus on minute details
- unexplained and frequent absences from work area
- other (*explain*) _____

Long Term Symptoms

- complaints from coworkers
- excessive work absences
- leaves job early for variety of excuses
- comes late form a variety of excuses
- accident prone
- general poor and deteriorating physical condition
- weight loss
- other (*explain*) _____

General Comments: _____

By (*signature*) _____

Title: _____

Action

- * Refer to Drug Test
- * Refer to MAP/EAP
- * No further action at this time

Meeting Notes: _____

_____ Date of meeting: _____