

County of Glenn

Reasonable Suspicion Checklist

The following checklist should be completed when a Department Head, Manager or Supervisor suspects drug or alcohol use based on the physical appearance and behavior of the employee. Also completing the checklist should be all other supervisors or managers who witnessed the employee being unfit for duty. The forms, once completed should be provided to the Personnel Department for inclusion in the employee's confidential medical file

PART 1: EMPLOYEE INFORMATION

Employee Name: _____

Employee Job Title: _____

Observation Date: _____

Observation Time (indicate a.m. or p.m.): _____

Location: _____

PART 2: OBSERVATIONS

(Place a checkmark next to any of the following observations exhibited by the employee.) PHYSICAL

Walking:

____ Holding on; ____ Stumbling; ____ Unable to walk; ____ Unsteady; ____ Staggering; ____ Swaying;
____ Falling; ____ Other (describe) _____

Standing:

____ Swaying; ____ Feet wide apart; ____ Unable to stand; ____ Rigid; ____ Staggering; ____ Sagging at
knees; ____ Dizziness; ____ Other (describe) _____

Movements:

____ Fumbling; ____ Jerky; ____ Nervous; ____ Slow; ____ Normal; ____ Hyperactive; ____ Reduced
reaction time; ____ Not following tasks; ____ Diminished coordination; ____ Tremors; ____ Other
(describe) _____

Eyes:

____ Bloodshot; ____ Watery; ____ Droopy; ____ Glassy; ____ Closed; ____ Dilated/Constricted Pupils;
____ Other (describe) _____ Face: ____ Flushed; ____ Pale; ____
Sweaty; ____ Other (describe) _____

Breath:

___ No alcoholic odor; ___ Faint alcoholic odor; ___ Alcoholic odor; ___ Chemical odor; ___ Sweet/pungent tobacco odor; ___ Heavy use of breath spray; ___ Other (describe) _____

Speech:

___ Whispering; ___ Slurred; ___ Shouting; ___ Incoherent; ___ Slobbering; ___ Silent; ___ Rambling; ___ Mute; ___ Slow; ___ Other (describe) _____

Appearance:

___ Neat; ___ Unruly; ___ Messy; ___ Dirty; ___ Stains on clothing; ___ Marijuana Odor; ___ Partially dressed; ___ Bodily excrement stains; ___ Visible puncture marks or tracks; ___ Burnt rope smell on clothes, hair, body; ___ Excessive sweating in cool area; ___

Other (describe) _____

BEHAVIORAL

Demeanor:

___ Cooperative; ___ Calm; ___ Talkative/Rapid Speech; ___ Polite; ___ Sarcastic; ___ Sleepy; ___ Crying; ___ Sleeping on job; ___ Argumentative; ___ Excited; ___ Withdrawn; ___ Mood swings; ___ Overreacts to minor things; ___ Excessive laughter; ___ Forgetful; ___

Other (describe) _____

Actions:

___ Hostile; ___ Fighting; ___ Profanity; ___ Drowsy; ___ Threatening; ___ Erratic; ___ Hyperactive; ___ Calm; ___ Resisting communication; ___ Paranoid; ___ Possessing, using or distributing an illegal substance; ___ Baseless Panic; ___

Other (describe) _____

Appetite:

___ Always munching on something; ___ Constantly Chewing Gum; ___ Frequently Eating Candy; ___ Popping Mints Often; ___

Other (describe) _____

MISCELLANEOUS

___ Presence of alcohol and/or drugs in employee's possession or vicinity

___ On-the-job misconduct by employee

___ Employee admission to alcohol and/or drug use or possession (List names of all witnesses to the employee's conduct below)

Once the above parts of this Reasonable Suspicion Checklist are completed by you and a witness, you can proceed to an action plan in a meeting with the employee.

Place a checkmark next to the applicable action as agreed upon with the employee:

- Employee has agreed to testing
- Employee has **not agreed to testing**
- Employee referred to EAP
- No further action at this time
- Other

Supervisor/Department Head Signature

Date

Supervisor/Department Head Signature

Date