

[COMPANY'S NAME]

**REASONABLE SUSPICION TESTING CHECK LIST**

Employee Name: \_\_\_\_\_ Employee Job Title: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Location of Event: \_\_\_\_\_  
 Person Observing Employee: \_\_\_\_\_  
 Person Observing Employee: \_\_\_\_\_  
 Observation Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./ p.m.  
 Was employee performing a safety-sensitive duty? Yes No

The following observations were made of the employee identified above:

Check ALL **specific**, observations occurring during work that apply:

**BEHAVIOR**

- unsteady gait, stumbling
- drowsy, sleepy, lethargic
- 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- depressed, withdrawn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 behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPEARANCE**

- flushed complexion
- bloodshot/glassy eyes
- constricted (pinpoint ) pupils
- sweating
- tearing, watery eyes
- unfocused, blank stare
- cold, clammy sweats
- dilated (large) pupils
- disheveled clothing
- unkempt appearance
- physical Injury

other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPEECH**

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BODY ODORS**

- alcohol
- marijuana

Other observations: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Supervisor Name (print or type)*      *Supervisors Signature*      *Date*

Additional witnesses (optional)

\_\_\_\_\_  
*Witness Name (print or type)*      *Witness Signature*      *Date*

**TEST DETERMINATION**

DOT       NON-DOT

Reasonable Suspicion Alcohol Test       NO Test Conducted

Reasonable Suspicion Drug Test       \_\_\_ hours elapsed for alcohol test

No Test Required       \_\_\_ hours elapsed for drug test

Employee Refused Test       Employee transported for medical care

Other (explain): \_\_\_\_\_

Employee transported to collection site by: \_\_\_\_\_

Time of Transport: \_\_\_\_\_ a.m./ pm.      Collection Facility: \_\_\_\_\_