DOCUMENTATION

REASONABLE SUSPICION CHECKLIST, PAGE 1

Name of Observed Employee: _____

Location: _____

Time: _____a.m/p.m.

Date: _____

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

WALKING:

☐Holding on ☐Stumbling ☐Unable to walk ☐Unsteady

☐Staggering ☐Swaying ☐Falling

☐Other:_____

STANDING:

☐Swaying ☐Feet wide apart ☐Unable to stand ☐Rigid

☐Staggering ☐Sagging at knees

☐Other:_____

SPEECH:

☐Whispering ☐Slurred ☐Shouting ☐Incoherent

☐Slobbering ☐Silent ☐Rambling ☐Mute

☐Slow ☐Other:_____

DEMEANOR:

☐Cooperative ☐Calm ☐Talkative ☐Polite

☐Sarcastic ☐Sleepy ☐Crying ☐Silent

☐Sleeping on job ☐Argumentative ☐Excited

☐Other:_____

ACTIONS:

☐Hostile ☐Fighting ☐Profanity ☐Drowsy

☐Threatening ☐Hyperactive ☐Erratic ☐Calm

☐Resisting Communication ☐Other:_____

EYES:

☐Bloodshot ☐Watery ☐Droopy ☐Dilated

☐Glassy ☐Closed

☐Other_____

FACE:

☐Flushed ☐Pale ☐Sweaty

☐Other:_____

APPEARANCE/CLOTHING:

☐Neat ☐Unruly ☐Messy ☐Dirty

☐Stains on clothing ☐Having odor ☐Partially dressed ☐ Bodily excrement stains

☐Other:_____