

REASONABLE SUSPICION CHECKLIST (Act Immediately)

Employee Name: _____ Location: _____ Job Title: _____

Reported by: _____ Description: _____

Step One: Identify/Observe/Document

Observation Date: _____ Observation Time: From: _____ am/pm To: _____ am/pm

Cause for Suspicion

Attendance

- ☐ Frequent absences ☐ Frequently late ☐ Pattern of missed days (Monday/Friday)

Appearance

- ☐ Normal ☐ Flushed skin ☐ Puncture marks ☐ Bloodshot eyes ☐ Tremors ☐ Dilated/Constricted pupils
☐ Profuse sweating ☐ Weight loss ☐ Chills ☐ Dry mouth ☐ Disheveled ☐ Frequent sniffing
☐ Inappropriate use of sunglasses ☐ Odor of: _____ ☐ Other: _____

Behavior: Speech

- ☐ Normal ☐ Incoherent ☐ Slurred ☐ Silent ☐ Confused ☐ Inappropriate comments
☐ Excessive talking ☐ Fast ☐ Slow ☐ Soft ☐ Loud ☐ Other: _____

Behavior: Awareness

- ☐ Normal ☐ Confused ☐ Lethargic ☐ Disoriented ☐ Sleepy ☐ Short attention span
☐ Slow responses ☐ Blank stare ☐ Other: _____

Behavior: Other

- ☐ Mood swings ☐ Poor memory ☐ Disruptive ☐ Unsafe acts ☐ Secretive ☐ Paranoid/Distrustful
☐ Aggressive/Violent ☐ Fatigue ☐ Depression ☐ Anxiety ☐ Disheveled ☐ Poor job performance
☐ Poor comprehension ☐ Other: _____

Motor Skills: Balance/Walking/Other

- ☐ Normal ☐ Swaying ☐ Falling ☐ Over-reaction ☐ Startled ☐ Arms raised for balance
☐ Stagger/Stumbling ☐ Wide based gait ☐ Dropping objects ☐ Lack of coordination ☐ Reaching for support
☐ Slowed reaction time ☐ Other: _____

Other Observable Actions or Behavior: _____

Administrator/Supervisor Name _____

Signature _____

Date _____

Step Two: Confirm Findings

Comments and/or corroboration by a second administrator/employee.

Administrator/Employee Name _____

Signature _____

Date _____

Step Three: Contact Human Resources

- ☐ Provide detailed information to Human Resources.
☐ If reasonable suspicion is confirmed, Human Resources will schedule a drug/alcohol test.

Step Four: Employee Discussion

- ☐ Immediately remove employee from work area. Do not leave him/her alone.
☐ With another administrator/employee, privately meet with employee.
☐ Discuss observed behavior concerns.
☐ Act on medical concerns immediately, if needed. (Call 911)
☐ Wait for Human Resources to arrive.
☐ Limit the amount of water the employee drinks (max 16 oz)
☐ Maintain confidentiality.

Step Five: Human Resources / Drug Test

- ☐ With HR present, inform employee the District is required to act when there is a reasonable suspicion to believe the District's drug &/or alcohol policy has been violated and requires a drug/alcohol test.
☐ If employee refuses, remind the employee that refusal to submit to a drug/alcohol test is considered a positive test result.
☐ Wait for 3rd party tester to arrive. Do not leave employee unattended.
☐ HR will place employee on paid administrative leave pending test results.
☐ Do not let employee drive home if impaired. Call employee's emergency contact for transportation.