### REASONABLE SUSPICION TESTING CHECKLIST

| Employee Name: __________________________________________ | Employee Job Title: _____________________________ |
| Facility: _____________________________________________ | Location of Event: ____________________________ |
| 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 and contemporaneous observations and document the following:

#### 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- depressed, withdrawn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

#### APPEARANCE
- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt appearance

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

#### 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
- NO Test Conducted
- 8 hours elapsed for alcohol test
- 32 hours elapsed for drug test
- Employee transported for medical care
- Other (explain): __________________

Employee transported to collection site by: __________________________

Time of Transport: _____________ a.m./p.m.          Collection Facility: ____________________________