

# Reasonable Suspicion Observation Checklist



Employee Name \_\_\_\_\_

Employee Number \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Observation Date \_\_\_\_\_

Observation Time \_\_\_\_\_

Was the employee performing a safety-sensitive duty?  Yes  No

Check all specific and contemporaneous observations and document the following:

## Behavior

- Unsteady gait, stumbling
- Drowsy, lethargic, sleepy
- 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- Depressed, withdrawn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
- Frequent breath-freshener use
- Disoriented, confused, unfocused
- Discussions about death, suicide, harming others
- Discussions about obtaining/using drugs/alcohol

## Appearance

- Flushed complexion
- Needle marks
- Bloodshot eyes
- Tearing, watery eyes
- Irritable, moody
- Large (dilated) pupils
- Small (constricted) pupils
- Clumsy, uncoordinated
- Unfocused, blank stare
- Disheveled clothing
- unkempt appearance
- Cold, clammy, excessive sweating
- Changes after breaks or lunch
- Sunglasses at inappropriate times

## Speech

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, inappropriate
- Unusually slow, soft

## Body Odors

- Alcohol
- Marijuana

## Quality of Work

- Clear refusal to do assigned tasks
- Significant increase in errors
- Repeated errors despite increased guidance
- Decreased efficiency or productivity
- Inconsistent quantity/quality of work
- Behavior that disrupts workflow
- Careless operation of equipment
- Procrastination on significant decisions or tasks
- More than usual supervision necessary
- Unsupported explanations for poor performance
- Change in written or verbal communication

## Job Performance

- Excessive unauthorized absences
- Excessive tardiness
- Frequent Monday/Friday absences
- Frequent patterned absences
- Frequent unexplained disappearances
- Excessive extension of breaks or lunch
- Frequent concern about safety offenses
- Experiences or causes job accidents
- Interferes with or ignores procedures
- Inability to follow through on job performance recommendation

**Other Observations:**

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\_\_\_\_\_  
Supervisor #1 Name

\_\_\_\_\_  
Supervisor #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor #2 Name

\_\_\_\_\_  
Supervisor #2 Signature

\_\_\_\_\_  
Date

**Employee transported  
to collection site by**

\_\_\_\_\_

**Time of transport**

\_\_\_\_\_

**Collection facility**

\_\_\_\_\_

**Do not write below this line.**



**The information below is to be filled out by the Designated Employer Representative (DER).**

**Test Determination**

**DOT**     **Non-DOT**

- Reasonable suspicion alcohol test
- Reasonable suspicion drug test
- No test required
- Employee refused test

**No test conducted**

- 8 hours elapsed for alcohol test
- 32 hours elapsed for drug test
- Employee transported for medical care
- Other: \_\_\_\_\_

\_\_\_\_\_  
DER Name

\_\_\_\_\_  
DER Signature

\_\_\_\_\_  
Date