

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

- | | | | | | |
|--|---------------------------------------|---|---|---------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed skin | <input type="checkbox"/> Puncture marks | <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Tremors | <input type="checkbox"/> Dilated/Constricted pupils |
| <input type="checkbox"/> Profuse sweating | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Chills | <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Frequent sniffing |
| <input type="checkbox"/> Inappropriate use of sunglasses | | <input type="checkbox"/> Odor of: _____ | | <input type="checkbox"/> Other: _____ | |

Behavior: Speech

- | | | | | | |
|--|-------------------------------------|----------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred | <input type="checkbox"/> Silent | <input type="checkbox"/> Confused | <input type="checkbox"/> Inappropriate comments |
| <input type="checkbox"/> Excessive talking | <input type="checkbox"/> Fast | <input type="checkbox"/> Slow | <input type="checkbox"/> Soft | <input type="checkbox"/> Loud | <input type="checkbox"/> Other: _____ |

Behavior: Awareness

- | | | | | | |
|---|--------------------------------------|---------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Slow responses | <input type="checkbox"/> Blank stare | <input type="checkbox"/> Other: _____ | | | |

Behavior: Other

- | | | | | | |
|---|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Poor memory | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Unsafe acts | <input type="checkbox"/> Secretive | <input type="checkbox"/> Paranoid/Distrustful |
| <input type="checkbox"/> Aggressive/Violent | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Poor job performance |
| <input type="checkbox"/> Poor comprehension | | <input type="checkbox"/> Other: _____ | | | |

Motor Skills: Balance/Walking/Other

- | | | | | | |
|---|--|---|---|-----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Over-reaction | <input type="checkbox"/> Startled | <input type="checkbox"/> Arms raised for balance |
| <input type="checkbox"/> Stagger/Stumbling | <input type="checkbox"/> Wide based gait | <input type="checkbox"/> Dropping objects | <input type="checkbox"/> Lack of coordination | | <input type="checkbox"/> Reaching for support |
| <input type="checkbox"/> Slowed reaction time | | <input type="checkbox"/> 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.