



**Reasonable Suspicion Testing Checklist**

Prior to ordering drug or alcohol testing for any employee due to a reasonable suspicion, this form must be completed in order to determine and document reasonable suspicion of a potential violation of Policy 3356-7-20 Drug-free Environment.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
Employee Name (print): \_\_\_\_\_ Employee Job Title: \_\_\_\_\_  
Banner ID: \_\_\_\_\_

**ASSESSMENT (Check all that apply)**

PHYSICAL INDICATORS

**WALKING**

- \_\_\_ Unsteady
- \_\_\_ Stumbling
- \_\_\_ Unable to walk
- \_\_\_ Staggering
- \_\_\_ Falling

**FACE**

- \_\_\_ Red/flushed
- \_\_\_ Pale
- \_\_\_ Sweaty
- \_\_\_ Drooling
- \_\_\_ Dry mouth
- \_\_\_ Runny nose
- \_\_\_ Other

**SPEECH**

- \_\_\_ Whispering
- \_\_\_ Slurred
- \_\_\_ Shouting
- \_\_\_ Incoherent
- \_\_\_ Silent
- \_\_\_ Rambling
- \_\_\_ Slow

**BREATH/ODOR**

- \_\_\_ No alcohol odor
- \_\_\_ Faint alcohol odor
- \_\_\_ Strong alcohol odor
- \_\_\_ Sweet/pungent tobacco odor
- \_\_\_ Chemical odor
- \_\_\_ Marijuana odor
- \_\_\_ Breath spray/mouthwash
- \_\_\_ None  Gum
- \_\_\_ Mints  Candy

\_\_\_ Other \_\_\_\_\_

**STANDING**

- \_\_\_ Swaying
- \_\_\_ Feet wide part
- \_\_\_ Rigid
- \_\_\_ Sagging at the knees
- \_\_\_ Other

**EYES**

- \_\_\_ Watery
- \_\_\_ Bloodshot
- \_\_\_ Glassy
- \_\_\_ Dilated pupils
- \_\_\_ Pinpoint pupils
- \_\_\_ Closed
- \_\_\_ Droopy

**MOVEMENTS**

- \_\_\_ Fumbling
- \_\_\_ Jerky
- \_\_\_ Nervous
- \_\_\_ Slow
- \_\_\_ Hyperactive

**APPEARANCE**

- \_\_\_ Messy
- \_\_\_ Dirty/stained clothing
- \_\_\_ Burns on person/clothing
- \_\_\_ Ripped/torn clothing
- \_\_\_ Partially dressed
- \_\_\_ Puncture mark/needle tracks

\_\_\_ Other \_\_\_\_\_

BEHAVIOR INDICATORS

**DEMEANOR**

- \_\_\_ Cooperative
- \_\_\_ Talkative
- \_\_\_ Anxious
- \_\_\_ Disoriented
- \_\_\_ Sleepy/Drowsy
- \_\_\_ Other
- \_\_\_ Polite
- \_\_\_ Inattentive
- \_\_\_ Belligerent
- \_\_\_ Excited
- \_\_\_ Calm
- \_\_\_ Erratic
- \_\_\_ Hostile
- \_\_\_ Mood changes

**ACTIONS**

- \_\_\_ Fighting
- \_\_\_ Argumentative
- \_\_\_ Threatening
- \_\_\_ Non-communicative
- \_\_\_ Profanity
- \_\_\_ Tearful/crying
- \_\_\_ Hyperactive
- \_\_\_ Sleeping on the job

\_\_\_ Unexplained work error, describe \_\_\_\_\_



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**COMMENTS AND OTHER OBSERVATIONS.** List below any other observations not included in this checklist including any statements or comments made by the employee (use additional sheets if necessary). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION.** (Check all that apply).

- Presence of alcohol and/or drugs in individual's possession or vicinity.
- Employee admits to alcohol and/or drug use or possession.
- Accident causing injury to employee or others, and/or damage occurred to University property, describe below. (If an accident did occur causing injury to the employee or others, please ensure that an Incident Report is completed and submitted). \_\_\_\_\_  
\_\_\_\_\_
- On the job misconduct by employee (describe): \_\_\_\_\_  
\_\_\_\_\_

**CORROBORATING WITNESSES:** List names of all witnesses to employee's conduct. \_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN** (Check all the apply).

- Reasonable Suspicion testing is warranted. \*Reasonable suspicion testing requires concurrence of supporting supervisor, manager, or HR staff member.
- Employee consented to reasonable suspicion testing.
- Employee refused to consent to reasonable suspicion testing.
- Reasonable suspicion testing not warranted, explain: \_\_\_\_\_  
\_\_\_\_\_
- Other (describe): \_\_\_\_\_

**MANAGER NAME AND TITLE** (Print): \_\_\_\_\_

**MANAGER SIGNATURE AND DATE:** \_\_\_\_\_

**\*SUPPORTING SUPERVISOR, MANAGER, HR STAFF MEMBER NAME AND TITLE** (Print): \_\_\_\_\_  
\_\_\_\_\_

- I have observed the employee and concur with the assessment; reasonable suspicion testing is warranted.
- I have observed the employee and do not concur with the assessment; reasonable suspicion testing is not warranted.

**SUPPORTING SUPERVISOR, MANAGER, HR STAFF MEMBER SIGNATURE AND DATE:** \_\_\_\_\_  
\_\_\_\_\_