



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: _____
