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Reasonable Suspicion of Substance Impairment Checklist

Employee's Name: _____ Employee's ID/SSN: _____

Job Title: _____

Location of Incident: _____ Date: _____ Time Observed: _____

Trained Supervisor's Name & Signature: _____

Witnessing Supervisor's Name & Signature: _____

Observations by Trained Supervisor (Check all that apply; provide brief descriptions of any changes in behavior)

***Appearance*:**

☐ Normal ☐ Tremors/ Twitches ☐ Flushed or Pale ☐ Dilated Pupils
☐ Sleepy ☐ Sores/ Puncture Marks ☐ Heavy Eyelids ☐ Bloodshot eyes
☐ Disheveled ☐ Excessive Sweating ☐ Cleanliness ☐ Other (explain below)

Description/Notes:_____

_____

Behavior/ Demeanor:

☐ Nervous ☐ Erratic ☐ Mood Swings ☐ Lethargic
☐ Irritable ☐ Paranoid ☐ Verbally/Physically Abusive ☐ Highly Excited
☐ Confusion/Inattentive ☐ Combative ☐ Fatigue/ Sleeping/ Drowsiness ☐ Other (explain below)

Description/Notes:_____

_____

Motor Skills:

☐ Normal ☐ Swaying ☐ Falling ☐ Unbalanced ☐ Other (explain below)
☐ Unsteady ☐ Lack of Coordination ☐ Fidgety ☐ Stumbling

Description/Notes:_____

_____

Speech:

☐ Normal ☐ Slurred ☐ Loud ☐ Other (explain below)
☐ Incoherent ☐ Exaggerated ☐ Talking Excessively

Description/Notes:_____

_____

***Odor*:**

☐ Normal ☐ Smell of Alcohol ☐ Excessive Cologne
☐ Body Odor ☐ Smell of Marijuana ☐ Other (explain below)

Description/Notes:_____

_____

***Test Conducted*:** ☐ Yes ☐ No

Additional Comments:

_____

_____

_____

_____

_____