

## Reasonable Suspicion Drug or Alcohol Testing Checklist

This checklist must be used to document reasonable suspicion of a potential violation of the Drug and Alcohol Free Workplace regulation. The supervisor or manager observing the behavior, along with a witness who will be either a member of the University's Employee Relations team, the designated HR Lead for the college or division, or a representative of Environmental Health and Safety, must complete the form. The checklist will be reviewed by University Employee Relations (whenever possible) and the Associate Vice Chancellor for Environmental Health & Safety (or designee). If the documented observations establish that an employee is reasonably suspected of being impaired by drugs or alcohol while at work, the employee will be temporarily relieved from their duties and the employee will be asked to consent to testing. If the employee consents to testing, arrangements will be made to transport the employee to the testing facility. If the employee refuses to test, the supervisor will ensure that the employee is transported from university property in a safe manner.

Observed Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Physical Indicators (check all that apply):

#### MOBILITY

- Appears Normal
- Unsteady
- Swaying
- Weaving
- Stumbling
- Holding on for Support
- Falling
- Unable to Walk

#### SPEECH

- Appears Normal
- Unusually Slow
- Slurred
- Incoherent
- Rambling/Excessive
- Whispering
- Shouting
- Silent/Non-communicative

#### BREATH/ODOR

- No Odor
- Faint Alcohol Odor
- Strong Alcohol Odor
- Marijuana Odor
- Chemical Odor
- Unidentifiable Odor

### PHYSICAL CONDITION / APPEARANCE

#### **Eyes**

- Appear Normal
- Bloodshot
- Pale
- Glassy
- Dilated Pupils
- Constricted Pupils
- Irregular Movement
- Watery
- Closed

#### **Face**

- Appears Normal
- Red/Flushed
- Runny Nose
- Sweating

#### **Body**

- Appears Normal
- Tremors, Shaking, Twitching
- Excessive Perspiration
- Irregular or labored breathing
- Unusually poor grooming/hygiene
- Nausea/vomiting
- Unable to Stand or Sit Upright

**Behavioral Indicators (check all that apply):**

**DEMEANOR / ACTIONS**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Normal            | <input type="checkbox"/> Use of Profanity    | <input type="checkbox"/> Cooperative                      |
| <input type="checkbox"/> Sleepy/Drowsy     | <input type="checkbox"/> Hyperactive         | <input type="checkbox"/> Calm                             |
| <input type="checkbox"/> Agitated, Anxious | <input type="checkbox"/> Argumentative       | <input type="checkbox"/> Polite                           |
| <input type="checkbox"/> Disoriented       | <input type="checkbox"/> Combative/Hostile   | <input type="checkbox"/> Other (describe in comment area) |
| <input type="checkbox"/> Tearful/Crying    | <input type="checkbox"/> Violent/Threatening |   |

**Comments and other observations:**

**Additional Information:**

- Presence of alcohol and/or drugs and/or paraphernalia in employee's possession or vicinity.  
 On the job misconduct by employee (describe facts and circumstances including any information not already noted) \_\_\_\_\_

- During observation, employee admitted to being under the influence of drugs and/or alcohol while on the job.  
 During observation, employee admitted to using drugs and/or alcohol while on the job.  
 During observation, employee provided the following explanation for behavior: \_\_\_\_\_

**\*NOTE:** Observations of the objective physical and behavioral indicators must be specific and articulable. A general sense that an employee is acting strangely or unusually is not sufficient to submit the form to request a reasonable suspicion test (unless the employee admits to being impaired while on the job or was directly observed by the supervisor using alcohol or drugs just prior to or while at work).

Is the employee at least 18 years old?  Yes  No If no, name of parent/guardian \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Number for Supervisor/Manager: \_\_\_\_\_