

Supervisor's Reasonable Suspicion Observation Checklist

Employee's Name: _____

Date: _____ Time: _____

Department/Division: _____

The above named employee was observed by me to exhibit the following problems:
(Check one or more that describe the employee's behavior)

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| <p>_____ Possessing, dispensing, or using controlled substance</p> <p>_____ Slurred or incoherent speech</p> <p>_____ Unsteady gait or other loss of physical control; poor condition</p> <p>_____ Dilated or constricted pupils or unusual eye movement</p> <p>_____ Bloodshot or watery eyes</p> <p>_____ Extreme fatigue or sleeping on the job</p> <p>_____ Excessive sweating or clamminess to the skin</p> <p>_____ Flushed or very pale face</p> <p>_____ Nausea or vomiting</p> <p>_____ Odor of alcohol</p> <p>_____ Odor of marijuana</p> <p>_____ Other (please specify)</p> | <p>_____ Dry mouth (frequent swallowing/lip wetting)</p> <p>_____ Dizziness or fainting</p> <p>_____ Shaking hands or body tremors/twitching</p> <p>_____ Unusually aggressive behavior</p> <p>_____ Unexplained change in mood</p> <p>_____ Unexplained work-related accident or injury</p> <p>_____ Irregular or difficult breathing</p> <p>_____ Runny nose or sores around nostrils</p> <p>_____ Inappropriate wearing of sunglasses</p> <p>_____ Puncture marks or "tracks"</p> <p>_____ Highly excited or nervous</p> <p>_____ Unsafe action</p> |
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(Continued on reverse)

