

DOCUMENTATION

REASONABLE SUSPICION CHECKLIST, PAGE 1

Name of Observed Employee: _____

Location: _____

Time: _____ a.m. _____ p.m. Date: _____

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

WALKING:

Holding on Stumbling Unable to walk Unsteady
 Staggering Swaying Falling
 Other: _____

STANDING:

Swaying Feet wide apart Unable to stand Rigid
 Staggering Sagging at knees
 Other: _____

SPEECH:

Whispering Slurred Shouting Incoherent
 Slobbering Silent Rambling Mute
 Slow Other: _____

DEMEANOR:

Cooperative Calm Talkative Polite
 Sarcastic Sleepy Crying Silent
 Sleeping on job Argumentative Excited
 Other: _____

ACTIONS:

Hostile Fighting Profanity Drowsy
 Threatening Hyperactive Erratic Calm
 Resisting Communication Other: _____

EYES:

Bloodshot Watery Droopy Dilated
 Glassy Closed
 Other: _____

FACE:

Flushed Pale Sweaty
Other: _____

APPEARANCE/CLOTHING:

Neat Unruly Messy Dirty
 Stains on clothing Having odor Partially dressed
 Bodily excrement stains
 Other: _____