**REASONABLE SUSPICION OBSERVATION CHECKLIST**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_ am / pm**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE SHIFT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY/WORK AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUMMARY OF INCIDENT** (include names of other individuals involved or corroborating witnesses)**:**

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**YOUR OBSERVATIONS (circle all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| **ODOR** (on person or breath) | **SPEECH** | **BEHAVIOR** | **PHYSICAL** |
| Alcoholic beverage | Thick/Slurred | Confused | Drowsy |
| Marijuana | Confused | Unresponsive | Unbalanced |
| Chemical | Slow | Irritable | Poor coordination |
| Paint | Rapid | Hallucinations | Unsteady gait |
| Glue | Mumbling | Paranoid | Rigid muscles |
| Paint thinner | Incoherent | Violence | Flaccid muscles |
| Use of ‘cover-up’ products | Repetitive | Combative | Stumbling |
|  | Hoarse/Raspy | Panic attacks | Falling |
| **FACE** | Incomplete responses | Inappropriate excuses | Nauseous |
| Flushed | Exaggerated enunciation | Non communicative | Dry mouth |
| Pale | Loud/Boisterous | Unexplained absences | Muscle tremors |
| Sweaty | Talkative/Rambling |  | Small muscle control |

***\* ADDITIONAL FACTORS ON REVERSE \****

|  |  |  |  |
| --- | --- | --- | --- |
| **CONDUCT** | **APPEARANCE** | **EYES** | **COGNITIVE** |
| Divided attention | Disheveled | Bloodshot | Information processing |
| Erratic productivity | Hyperactivity | Watery | Short term memory |
| Erratic work patters | Perspiring | Droopy eyelids | Judgement |
| Emotional instability | Dazed | Dilated pupils | Decision making |
| Reduced inhibitions | “On the nod” | Constricted pupils | Exaggerated reflexes |
| Restless | Dizzy | Marked reddening | Disoriented |
| Anxious | Grinding teeth | Blank stare | Slowed reaction time |
| Inappropriate reactions | Drowsy |  |  |
| Argumentative | Residue of substance |  |  |

**OTHER OBSERVATIONS (not included on checklist):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***\*\* NOTIFY ADDITIONAL SUPERVISOR FOR SECONDARY OBSERVATIONS \*\****

***\*\* SUBMIT THIS FORM TO HUMAN RESOURCES IMMEDIATELY UPON COMPLETION \*\****

**IMPAIRMENT:** The inability to function in a normal capacity.

**Cognitive:** Difficulty remembering, learning, concentration, or decision making

**Physical:** Difficulty in coordination, activities, motor tasks, or independent movements

**DRUG:** Any substance which, when taken into the human body, can impair the ability of the person to perform designated tasks.

**REASONABLE SUSPICION:** A low threshold, based on facts and the totality of circumstances measured by the reasonable person standard.

CD Training Consultants, Inc. – Reasonable Suspicion Observation Checklist – December 2020