



Reasonable Suspicion Supervisor Checklist

Please record the following information to document your reasonable suspicion test determination.

Employee's Name: _____ Employee's ID: _____

Job Title: _____

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

Trained Supervisor's Printed Name: _____

Trained Supervisor's Signature: _____

Observations (Please check all that apply, and include 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: _____

Additional Comments: _____
