Reasonable Suspicion Determination Checklist

Employee Name: _______________________________________________ V#: ____________________

Department: __________________________________________ Work Phone: ____________________

Date of Observation: ________________________________ Time of Observation: ____________________

Observing Supervisor’s Name: ____________________________________________________________

2nd Observing Supervisor’s Name:__________________________________________________________

Supervisors: Document all pertinent behavior and physical signs and symptoms that leads you to reasonably believe the employee has recently used, or is under the influence of, alcohol and/or a prohibited controlled substance. Mark any applicable items on this form and describe in detail any additional facts or circumstances you have noted.

PHYSICAL SIGNS AND/OR SYMPTOMS
Observable Indicators

Please check all indicators listed below that are CURRENTLY present.

Patterns of unusual behavior may occur but must be accompanied by one or more of the following observable and documented indicators of impairment to establish “reasonable cause.”

☐ Presence or possession of substance that appears to be drugs or alcohol
☐ Presence or possession of paraphernalia that appears to be drug or alcohol related
☐ Odor of alcohol
☐ Odor of marijuana
☐ Dilated or constricted pupils or unusual eye movement
☐ Bloodshot or watery eyes
☐ Extreme fatigue or sleeping on the job
☐ Excessive sweating or clamminess to the skin
☐ Flushed skin
☐ Highly excitable or nervous
☐ Nausea or vomiting
☐ Unsteady bearing or other loss of physical control
☐ Slurred or incoherent speech
☐ Dizziness or fainting
☐ Shaking hands or body tremors/twitching
☐ Irregular or difficulty breathing
☐ Runny nose or sores around nostrils
☐ Inappropriate wearing of sun glasses
☐ Needle marks or “tracks”
OBSERVATIONS UNUSUAL BEHAVIOR(S)
Observable Warning Signs

Please check all warning signs listed below that are CURRENTLY present.

☐ Withdrawn, depressed, moody and/or unresponsive
☐ Avoidance of supervisor and/or coworkers
☐ Inappropriate verbal response to questioning or instructions
☐ Extreme aggressiveness or agitation, suspicious, argumentative
☐ Verbal abusiveness
☐ Physical abusiveness
☐ Increase in absenteeism, tardiness and/or use of unscheduled vacation or leave time
☐ Increase in unnecessary time away from work station
☐ Unexplained disappearances from work station
☐ Higher than average accident rate on and off the job
☐ Inconsistency in quality of work
☐ Increased difficulty in handling complex situations
☐ Other erratic or inappropriate behavior (confusion, carelessness, difficulty recalling instructions)

WRITTEN SUMMARY

Summarize the facts and circumstances of the incident or accident, employee response, supervisor actions, witnesses or any other pertinent information not previously noted on this form. (Attach additional sheets as needed).

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
**DETERMING REASONABLE CAUSE**

If you are able to document one or more of the observable indicators included on this form, ask yourself the following questions to establish reasonable cause.

**Do not proceed with reasonable cause testing unless you can answer all of the following with a YES!**

1. Has some form of impairment been shown in the employee’s appearance, actions and/or work performance? ☐Yes ☐No
2. Does the impairment result from the possible use of drugs and/or alcohol? ☐Yes ☐No
3. Are the facts reliable? Did you personally witness the situation? ☐Yes ☐No
4. Are the facts capable of explanation? ☐Yes ☐No
5. Are the facts capable of documentation? ☐Yes ☐No
6. Is the impairment current? ☐Yes ☐No

☐ Reasonable cause established ☐ Reasonable cause NOT established

Signature of Observing Supervisor:_________________________ Date:__________________________

Signature of 2nd Observing Supervisor:_________________________ Date:__________________________

**Supervisor Instructions:**

1. If reasonable suspicion has been determined, arrange for testing following college protocol (refer to Flow Chart 1), and notify the Human Resources Department at 208.885.3638
2. Regardless of determination, send this original checklist with all applicable documentation within **24 hours** of the incident or accident to: Human Resources, MS 444332 or Fax (and then shred) to 208.885.3602. Call your HR Business Partner immediately. **Do not retain a copy for your records.**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee underwent: ☐alcohol test ☐drug test at _________ ☐am ☐pm on _________(MM/DD/YYYY)</td>
</tr>
<tr>
<td>Test was conducted at the following location:</td>
</tr>
<tr>
<td>Employee refused to test: ☐Yes ☐No Employee was referred to EAP: ☐Yes ☐</td>
</tr>
</tbody>
</table>