University of Idaho

Reasonable Suspicion Determination Checklist

Employee Name:	V#:		
Department:	Work Phone:		
Date of Observation:	n: Time of Observation:		
reasonably believe the employee has recently	and physical signs and symptoms that leads you to used, or is under the influence of, alcohol and/or a dicable items on this form and describe in detail any ed.		
	NS AND/OR SYMPTOMS rvable Indicators		
Please check all indicators lis	sted below that are CURRENTLY present.		
Patterns of unusual behavior may occur but mu observable and documented indicators of impa	ust be accompanied by one or more of the following airment to establish "reasonable cause."		
☐ Presence or possession of substance that ap	pears to be drugs or alcohol		
\square Presence or possession of paraphernalia tha \square Odor of alcohol	t appears to be drug or alcohol related		
\square Odor of marijuana			
$\hfill\square$ Dilated or constricted pupils or unusual eye	movement		
☐ Bloodshot or watery eyes			
☐ Extreme fatigue or sleeping on the job			
\square Excessive sweating or clamminess to the skii	n		
☐ Flushed skin			
☐ Highly excitable or nervous			
☐ Nausea or vomiting			
Unsteady bearing or other loss of physical co	ontrol		
☐ 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☐ Withdrawn, depressed, moody and/or unresponsive				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				
\square Extreme aggressiveness or agitation, suspicious, argumentative				
☐ Verbal abusiveness				
☐ Physical abusiveness				
\square 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				
\square 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 ale	cohol? □Yes □No	
3.	Are the facts reliable? Did you personally witness the situation? \Box Yes \Box No		
4.	I. Are the facts capable of explanation? \square Yes \square No		
5.	Are the facts capable of documentation? \square Yes \square No		
6.	Is the impairment current? □Yes □No		
	☐ Reasonable cause established ☐ Reasonable cau	use NOT established	
Signatı	ure of Observing Supervisor:	Date:	
Signatu	ure of 2nd Observing Supervisor:	Date:	
Supervisor Instructions:			
1.	1. If reasonable suspicion has been determined, arrange for testing following college protocol		
2	(refer to Flow Chart 1), and notify the Human Resources Department at 208.885.3638		
۷.	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.	•	
	your records.		
TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT			
Emplo	oyee underwent: □alcohol test □drug test at□am □pm	on(MM/DD/YYYY)	
Test was conducted at the following location:			
Employ	yee refused to test: \Box Yes \Box No Employee was referred to E	—————————————————————————————————————	