

OBSERVED BEHAVIOR CHECKLIST

for reasonable suspicion testing

Employee's Name: _____

Date of Observation: _____

Time of Observation: From _____ To _____

Description of Event: _____

Reasonable Suspicion Test for: ☐ Suspected Drug Use
☐ Suspected Alcohol Use

CHECK ALL APPROPRIATE ITEMS

1. Odor of alcohol on breath? ☐ Yes ☐ No

2. Speech: ☐ Normal ☐ Incoherent ☐ Confused
☐ Slurred ☐ Whispering ☐ Silent

3. Balance: ☐ Normal ☐ Swaying ☐ Staggering

4. Walking: ☐ Normal ☐ Stumbling ☐ Swaying
☐ Arms Raised ☐ Reaching for Support

5. Standing: ☐ Feet Wide Apart ☐ Rigid ☐ Sagging At Knees

6. Eyes: ☐ Bloodshot ☐ Closed ☐ Dilated
☐ Droopy ☐ Glassy ☐ Watery

7. Face: ☐ Flushed ☐ Pale ☐ Sweaty

8. Demeanor: ☐ Calm ☐ Excited ☐ Crying
☐ Sarcastic ☐ Angry ☐ Other: _____

9. Awareness: ☐ Normal ☐ Sleepy ☐ Confused
☐ Paranoid ☐ Lack of Coordination

10. Other Observations and factors: _____

Above behavior witnessed by:

Signed _____

Signed _____