

OBSERVED BEHAVIOR CHECKLIST

For Reasonable Suspicion Testing

Prepare this form every time an employee is suspected of alcohol or drug use by **actions, appearance, or conduct which constitutes a major change in a person's appearance and behavior.**

Employee's Name: _____ Date of Observation: _____

Location: _____

Time of Observation: From _____ AM/PM To: _____ AM/PM

Description of Event: _____

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

CHECK ALL APPROPRIATE ITEMS

WALKING

- ☐ Stumbling
- ☐ Staggering
- ☐ Falling
- ☐ Holding On
- ☐ Swaying
- ☐ Unsteady

STANDING

- ☐ Swaying
- ☐ Staggering
- ☐ Rigid
- ☐ Feet Wide Apart
- ☐ Unable To Stand

EYES

- ☐ Bloodshot
- ☐ Watery
- ☐ Dilated
- ☐ Glassy
- ☐ Droopy
- ☐ Closed

FACE

- ☐ Flushed
- ☐ Pale
- ☐ Sweaty

ACTIONS

- ☐ Resisting Communication
- ☐ Fighting
- ☐ Drowsy
- ☐ Threatening
- ☐ Profanity
- ☐ Hostile
- ☐ Hyperactive
- ☐ Erratic

SPEECH

- ☐ Shouting
- ☐ Silent
- ☐ Whispering
- ☐ Slow
- ☐ Rambling
- ☐ Incoherent
- ☐ Mute
- ☐ Slurred
- ☐ Slobbering

DEMEANOR

- ☐ Uncooperative
- ☐ Rude
- ☐ Calm
- ☐ Sleepy
- ☐ Talkative
- ☐ Silent
- ☐ Crying
- ☐ Excited
- ☐ Sarcastic
- ☐ Fighting

APPEARANCE/CLOTHING

- ☐ Unruly
- ☐ Messy
- ☐ Dirty
- ☐ Partially Dressed
- ☐ Stained
- ☐ Bodily Excrement Stains
- ☐ Having Odor

BREATH

- ☐ Alcohol Odor
- ☐ Unusual Odor

MOVEMENTS

- ☐ Fumbling
- ☐ Jerky
- ☐ Slow
- ☐ Nervous
- ☐ Hyperactive

AWARENESS

- ☐ Paranoid
- ☐ Sleepy
- ☐ Confused
- ☐ Lack of Coordination

OTHER

To the best of our knowledge and belief, this report represents the appearance, behavior and/or conduct of the above named employee, observed by us and upon which we base our decision to require said employee to submit to reasonable cause alcohol and/or drug testing.

Above behavior witnessed by:

Signature of Supervisor or Company Official

Signature of Supervisor or Company Official

Date: _____

Date: _____