

Reasonable Suspicion Documentation

Use this form to document specific, currently occurring workplace behavior, performance, or appearance that has caused you to be concerned about an employee's ability to safely and effectively perform their duties. **Do Not** make any assessment or diagnosis regarding the cause of the behavior, performance, or appearance.

Are you initiating this action because of a workplace accident? _____

Is off-site medical treatment required? _____

How was this person involved in the accident/incident? _____

Did you see the employee in possession of drugs or alcohol? _____

Did you see the employee use drugs or alcohol on workplace premises? _____

Speech	
Slurred	<input type="checkbox"/>
Loud or shouting	<input type="checkbox"/>
Incoherent	<input type="checkbox"/>
Refusal to speak	<input type="checkbox"/>
Speaking too quietly	<input type="checkbox"/>
Blabbering	<input type="checkbox"/>

Appearance	
Out of required uniform	<input type="checkbox"/>
Messy	<input type="checkbox"/>
Dirty	<input type="checkbox"/>
Sweating	<input type="checkbox"/>
Stained clothing	<input type="checkbox"/>
Face flushed	<input type="checkbox"/>
Pale or pasty	<input type="checkbox"/>
Tremors or shaking	<input type="checkbox"/>
Poorly dressed	<input type="checkbox"/>
Bloodshot eyes	<input type="checkbox"/>
Dilated pupils	<input type="checkbox"/>
Glassy eyes	<input type="checkbox"/>

Walking or Mobility	
Unsteady	<input type="checkbox"/>
Stumbling	<input type="checkbox"/>
Staggering	<input type="checkbox"/>
Must hold something	<input type="checkbox"/>
Falling, unable to stand	<input type="checkbox"/>
Slow reactions	<input type="checkbox"/>
Uncoordinated	<input type="checkbox"/>
Fumbling or dropping items	<input type="checkbox"/>
Oddly, slow movement	<input type="checkbox"/>
Feet wide apart (stability)	<input type="checkbox"/>

Attitude or Demeanor	
Uncooperative	<input type="checkbox"/>
Sarcastic	<input type="checkbox"/>
Hostile or threatening	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>
Withdrawn/Isolating	<input type="checkbox"/>
Mood swings	<input type="checkbox"/>
Inappropriate laughter	<input type="checkbox"/>
Unpredictable behavior	<input type="checkbox"/>
"Hyper"	<input type="checkbox"/>
Vulgar	<input type="checkbox"/>
Sad or crying	<input type="checkbox"/>
Picks fights	<input type="checkbox"/>
Unreasonable or fearful	<input type="checkbox"/>
Hearing things	<input type="checkbox"/>
Drowsy or falling asleep	<input type="checkbox"/>
Seeing things	<input type="checkbox"/>
Confused	<input type="checkbox"/>

Work Quality	
Inconsistent and unreliable	<input type="checkbox"/>
Poor recall of instructions	<input type="checkbox"/>
Careless	<input type="checkbox"/>
Unable to handle complex tasks	<input type="checkbox"/>

Odor	
Smell of alcohol	<input type="checkbox"/>
Smell of marijuana	<input type="checkbox"/>
Unusual odor	<input type="checkbox"/>
Strong cologne/perfume	<input type="checkbox"/>
Mouthwash	<input type="checkbox"/>
Breath spray	<input type="checkbox"/>
Gum	<input type="checkbox"/>
Mints	<input type="checkbox"/>

Safety	
Takes needless risks	<input type="checkbox"/>
Disregard safety rules	<input type="checkbox"/>
Indifferent to the safety of others	<input type="checkbox"/>
Frequent accidents on and off the job	<input type="checkbox"/>

Attendance	
Pattern of absences	<input type="checkbox"/>
Frequent "emergencies"	<input type="checkbox"/>
Using unscheduled vacation	<input type="checkbox"/>
Missing from the work area	<input type="checkbox"/>

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List the witnesses to this event and provide their contact information.

1. _____
2. _____
3. _____
4. _____

Provide a detailed description of the incident describing what was seen and heard. Provide witnesses an opportunity to record their observations.

Signature of Supervisor # 1. _____

Signature of Supervisor # 2. _____

Witness _____

Employee #1 _____