

## Southern Highland Community Mental Health Center

### Reasonable Suspicion Checklist For Staff

(The following is used to be utilized by a supervisor only when an employee's physical appearance and behavior raises suspicion that the employee is under the influence of drugs and/or alcohol.)

#### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Observation Date/ Time: \_\_\_\_\_ Location of Observation: \_\_\_\_\_

Supervisor: \_\_\_\_\_

#### OBSERVATIONS

(Mark any of the following that is exhibited by the employee)

#### PHYSICAL

##### Walking

\_\_\_\_ No issues      \_\_\_\_ Stumbling      \_\_\_\_ Unsteady      \_\_\_\_ Staggering  
\_\_\_\_ Swaying      \_\_\_\_ Falling      \_\_\_\_ Unable to walk  
\_\_\_\_ Unsteady      \_\_\_\_ Other (describe) \_\_\_\_\_

##### Standing

\_\_\_\_ No issues      \_\_\_\_ Swaying      \_\_\_\_ Unable to Stand      \_\_\_\_ Staggering  
\_\_\_\_ Dizzy      \_\_\_\_ Feet wide apart  
\_\_\_\_ Other (describe) \_\_\_\_\_

##### Movements

\_\_\_\_ No issues      \_\_\_\_ Fumbling      \_\_\_\_ Jerky      \_\_\_\_ Nervous  
\_\_\_\_ Slow      \_\_\_\_ Hyperactive      \_\_\_\_ Reduced reaction time  
\_\_\_\_ Trembling      \_\_\_\_ Unable to follow tasks      \_\_\_\_ Diminished Coordination  
\_\_\_\_ Other (describe) \_\_\_\_\_

##### Eyes

\_\_\_\_ No issues      \_\_\_\_ Bloodshot      \_\_\_\_ Watery      \_\_\_\_ Droopy  
\_\_\_\_ Glassy      \_\_\_\_ Closed      \_\_\_\_ Dilated / Constricted Pupils  
\_\_\_\_ Other (describe) \_\_\_\_\_

**Face**

No issues       Pale       Flushed / Red       Sweaty

**Breath**

No issues       Alcoholic Odor       Chemical Odor  
 Heavy use of breath spray  
 Other (describe) \_\_\_\_\_

**Speech**

No issues       Whispering       Slurred       Shouting  
 Incoherent       Slobbering       Rambling       Slow  
 Stuttering       Rapid  
 Other (describe) \_\_\_\_\_

**Appearance**

No issues       Unruly       Messy / Dirty       Chemical Odor  
 Partially Dressed       Excessive Sweating       Disheveled  
 Visible Puncture / Track Marks  
 Other (describe) \_\_\_\_\_

**BEHAVIORAL**

**Demeanor**

No issues       Crying       Overly Drowsy       Argumentative  
 Withdrawn       Forgetful       Mood Swings       Excessive Laughter  
 Other (describe) \_\_\_\_\_

**Actions**

No issues       Hostile       Paranoid       Combative  
 Hyper       Fidgety       Erratic       Overly Calm  
 Baseless Panic       Other (describe) \_\_\_\_\_

**Appetite**

No issues       Constantly Eating       Constantly Eating Candy/Chewing Gum  
 Other (describe) \_\_\_\_\_

**Miscellaneous**

Presence of alcohol and/or drugs in employee's possession or vicinity  
 On the job misconduct by employee  
 Employee admission to the use or possession of drugs and/or alcohol

**Other Observations**

(Note any other observation listed above. Also noted any details of any incident that the employee has caused or being involved in)

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**Corroboration Witnesses**

(List any names of a witness to the employee's above conduct)

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**Employee Response**

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If the employee exhibits two or more from the list above the supervisor will request an *Alcohol Breathalyzer/ Drug Screen Check Request* per Policy 231- Drug Free Work Place. The employee will be suspended of job duties until the *Alcohol Breathalyzer/ Drug Screen Check Request* has been completed and the employee has been deemed able to return to work.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date