

# Drug and Alcohol Reasonable Suspicion Report

**NOTE TO EMPLOYER:** These samples are intended to assist management in determining whether reasonable suspicion exists to refer an employee for drug and/or alcohol testing. They can be modified to fit the needs of the organization.

It is considered best practice to have two managers observe an employee to establish a good faith belief of drug and/or alcohol impairment in the workplace or during work hours. Each manager should complete a separate Reasonable Suspicion Report for documentation.

## NATURE OF INCIDENT/CAUSE FOR SUSPICION

- Impairment of speech, physical dexterity, agility, coordination
- Unusual appearance, odor, behavior or demeanor
- Negligence or carelessness in operating equipment or machinery
- Disregard of the employee's own safety or the safety of others
- Involvement in any accident that results in serious damage to equipment or property
- Disruption of a production or manufacturing process
- Carelessness that results in any injury to the employee or others
- Observed/reported possession or use of a prohibited substance
- Complaints by co-workers or subordinates
- OTHER: (please explain): \_\_\_\_\_

## BEHAVIOR or DEMEANOR

### YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Unusual and unpredictable response to supervisor instruction                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Verbal abusiveness or intense arguing   |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical abusiveness, aggressiveness or agitation                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Withdrawn, unresponsiveness   |
| <input type="checkbox"/> | <input type="checkbox"/> | Inappropriate verbal response to questions or instructions                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoidance of supervisor   |
| <input type="checkbox"/> | <input type="checkbox"/> | Expression of extreme frustration, discontent or tearfulness                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Presents self as "invincible" (grandiose/all-powerful)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Mood swings (out-of-context displays of emotion, unpredictable)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Expressed feelings of unfounded persecution or paranoia ("out to get me")           |
| <input type="checkbox"/> | <input type="checkbox"/> | Disrupted workflow – behavior inconsistent ("up and down" quantity/quality of work) |

OTHER: (please explain):

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**PHYSICAL SIGNS**

**YES NO**

- Odor of alcohol
- Odor of marijuana
- Paraphernalia found

Describe:

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**Appearance:**

- Normal
- Profuse Perspiration
- Possible "Needle Tracks"
- Movement Slower than Normal
- Disheveled
- Flushed/Pale
- Tremors
- Erratic

**General Well-Being:**

- No Apparent Physical Distress
- Fainting
- Breathing Irregular and/or Labored
- Nausea/Vomiting
- Flushed

**Eyes:**

- Normal
- Avoiding Eye Contact
- Watery/Glassy
- Wearing of Sunglasses
- Bloodshot

**Pupils:**

- Large/Dilated
- Normal
- Small/Constricted

**Nose:**

- Normal
- Runny Nose/Sniffles

**Mouth:**

- Normal
- Lip Wetting
- Dry Mouth/Frequent Swallowing

**Speech:**

- Normal
- Incoherent
- Silent
- Loud
- Slurred
- Stuttering
- Talking Fast

**Awareness/  
Mental Status:**

- Normal
- Euphoric
- Cooperative
- Crying
- Sleepy but Arousable
- Confused
- Combative
- Uncooperative
- Bizarre/Erratic
- Sleepy and Unarousable/"Out-Cold"

**Motor Skills/  
Balance:**

- Finger to Nose:
  - Normal
  - Missed
- Heel to Toe Walk:
  - Normal
  - Falls to Side
- Walk/Gait:
  - Normal
  - Swaying
  - Stumbling
  - Falling
  - Arms Raised for Balance

**Concentration:**

Three things supervisor asked employee to remember: \_\_\_\_\_

Record employee response of the three things: \_\_\_\_\_

**Document employee response and reaction after you shared your concerns:**

**YES      NO**

- Reasonable suspicion exists to test this employee for drugs and/or alcohol
- Arrangements made to escort employee to testing facility

**NOTE:** Do not allow the employee to drive themselves away from the facility. Arrange for transportation as appropriate.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE