

REASONABLE SUSPICION INCIDENT CHECKLIST

Employee's Full Name

Date / Time of Observation

Supervisor's Full Name & Telephone

Date of Supervisor's Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor – trained in accordance with USDOT Agency regulations for reasonable suspicion/cause determination requirements – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

A. Nature of Incident / Cause for Suspicion

- 1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- 2. Apparent drug or alcohol intoxication.
- 3. Observed drug or alcohol intoxication.
- 4. Arrest for drug-related offense
- 5. Other, Please specify:

B. Behavioral Indicators

- 1. Verbal abusiveness
- 2. Physical abusiveness
- 3. Extreme aggressiveness or agitation
- 4. Withdrawal, depression, tearfulness, or responsiveness
- 5. Inappropriate verbal responses to questioning or instruction
- 6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

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C. Physical Signs and Symptoms

- ___1. Possession, dispensing, or using prohibited substance
 - ___2. Slurred or incoherent speech
 - ___3. Unsteady gait or other loss of physical control, poor conditioning
 - ___4. Dilated or constricted pupils or unusual eye movement
 - ___5. Bloodshot or watery eyes
 - ___6. Extreme aggressiveness or agitation
 - ___7. Excessive sweating or clamminess of skin
 - ___8. Flushed or very pale face
 - ___9. Highly excited or nervous
 - ___10. Nausea or vomiting
 - ___11. Disheveled appearance or out of uniform
 - ___12. Odor of alcohol
 - ___13. Odor of Marijuana
 - ___14. Dry mouth (frequent swallowing/lip wetting)
 - ___15. Shaking hands or body tremors/twitching
 - ___16. Dizziness or fainting
 - ___17. Breathing irregularity or difficulty breathing
 - ___18. Runny nose or sores around nostrils
 - ___19. Inappropriate wearing of sunglasses
 - ___20. Puncture marks or "tracks"
 - ___21. Other (Specify) _____
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D. Written Summary

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

The above document of physical, behavioral, and performance indicators of the named employee were observed by:

Supervisor's Full Name

Signature

Date