

**REASONABLE SUSPICION CHECKLIST
OBSERVED BEHAVIOR**

EMPLOYEE'S NAME: _____
DATE OBSERVED: _____

DEPARTMENT: _____
TIME OBSERVED: _____ A.M. /P.M.

OBSERVATIONS: Mark items that apply and describe specifics

Breath (Odor of alcoholic beverage): Strong Faint Moderate None

Eyes:

- Bloodshot
- Heavy Eyelids
- Glassy
- Fixed Pupils
- Dilated Pupils
- Normal
- Watery
- Clear
- Other: _____

Description: _____

Speech:

- Confused
- Stuttered
- Thick-tongued
- Mumbled
- Fair
- Slurred
- Mush-mouthed
- Good
- Other: _____

Description: _____

Attitude:

- Excited
- Combative
- Hilarious
- Indifferent
- Talkative
- Insulting
- Care-free
- Cocky
- Sleepy
- Cooperative
- Profane
- Polite
- Other: _____

Description: _____

Balance:

- Falling
- Needs support
- Wobbling
- Swaying
- Other: _____

Description: _____

Walking:

- Falling
- Staggering
- Stumbling
- Swaying
- Other: _____

Description: _____

Unusual Action(s):

- Hiccapping
 - Belching
 - Vomiting
 - Fighting
 - Crying
 - Laughing
 - Other: _____
- Description: _____
- _____
- _____

Turnings:

- Falling
 - Staggering
 - Stumbling
 - Swaying
 - Other: _____
- Description: _____
- _____
- _____
- _____

Any other unusual actions or statements: _____

Signs or complaints of illness or injury: _____

Operation of a motor vehicle No Yes, Identify _____

Operation of power equipment No Yes, Identify _____

Additional Comments: _____

Supervisor: _____

Witnesses (only if available): _____

Signature: _____

Date: _____

Time: _____
