

## Guidelines for Completing Reasonable Suspicion Checklist

### Introduction

Reasonable suspicion begins when there is a belief that an employee is using or has used drugs/alcohol drawn from objective facts. In other words, an employee has presented the workplace with behavioral/physical signs and/or paraphernalia that may be interfering with work.

The main responsibilities of management are 1) to know job expectations and communicate to all employees, 2) to immediately meet with employees whose performance is not meeting established goals/standards, 3) to be aware of signs/symptoms of substance abuse and misuse, 4) to confidentially confront the employee about the signs that are being observed, and 5) to remove the employee from the workplace to reduce a potential safety hazard.

### Steps for Intervention:

1. Identify the specific behaviors and/or information leading to a decision to confront the employee *in relation to job performance only*. (See attached Reasonable Suspicion Checklist).
2. Upon suspicion that an employee is impaired in his/her ability to perform the job immediately contact your Safety Manager for approval before proceeding.
3. Personally escort the employee to a private office or area. Arrange for a witness (i.e. Manager/supervisor of another office/department) to be present. This witness should not be a coworker of the employee.
4. Communicate to the employee that you have "a concern for their ability to perform their job safely based upon objective factors". Advise the employee that certain behaviors are compromising the workplace. State that per company policy, you as a manager have a responsibility to escort the employee to a medical facility to be evaluated by a physician when appropriate, and to have a drug/alcohol test.
5. Document the entire interaction with the employee, including dialogue. Complete the attached checklist, sign/date and send immediately to the Safety Manager.
6. Testing: Federal Testing ensures the Federal Collection Guidelines for DOT safety-sensitive employees are followed. Non-Federal collections are done according to state guidelines.
7. If the employee refuses to cooperate or consent to a drug/alcohol test, advise him/her that such refusal could be grounds for immediate termination according to the company policy.
8. To ensure the safety of the employee and others, make arrangements to transport the employee to the medical facility and employee's home. If necessary, consider calling a family member or a taxi.
9. If the employee becomes violent, angry, or abusive, involve security or law enforcement.
10. Maintain the confidentiality of the situation. Do not discuss with unauthorized persons. Only involve individuals who have a "need to know" such as human resources, risk management, etc.



# REASONABLE SUSPICION OBSERVATION CHECKLIST

## CONFIDENTIAL RECORD

Employee Name: \_\_\_\_\_ Site: \_\_\_\_\_  
 Observation Date/Time: \_\_\_\_\_ Department: \_\_\_\_\_  
 Supervisor Name/Title/Phone Number: \_\_\_\_\_

### **Cause for Suspicion:** Check ALL items that apply as basis for suspicion

- Appearance    \_\_\_ Disheveled            \_\_\_ Profuse Sweating            \_\_\_ Inappropriate wearing of sunglasses  
                   \_\_\_ Breath/Oder            \_\_\_ Blood Shot Eyes            \_\_\_ Dilated/Constricted Pupils  
                   \_\_\_ Tremors                    \_\_\_ Flushed Appearance  
                   \_\_\_ Other: \_\_\_\_\_
- Behavior        \_\_\_ Incoherent            \_\_\_ Slurred Speech            \_\_\_ Euphoric                    \_\_\_ Swaying  
                   \_\_\_ Confusion                \_\_\_ Rapid Speech                \_\_\_ Agitated                    \_\_\_ Stumbling  
                   \_\_\_ Disoriented               \_\_\_ Slowed Speech               \_\_\_ Paranoid                    \_\_\_ Staggering  
                   \_\_\_ Lethargic                 \_\_\_ Mood Swings                \_\_\_ Combative                 \_\_\_ Falling  
                   \_\_\_ Uncooperative           \_\_\_ Crying                        \_\_\_ Verbally Abusive         \_\_\_ Physically Abusive
- Work Specific    \_\_\_ Insubordination                    \_\_\_ Avoidance of Supervisor  
 Behaviors        \_\_\_ Behavior disrupts work environment    \_\_\_ Increase in errors  
                   \_\_\_ Inattention/not focused                    \_\_\_ Co-Worker complaints  
                   \_\_\_ Reduced quality of work                    \_\_\_ Unusual sensitivity to critique of work  
                   \_\_\_ Persistent negative comments/attitude    \_\_\_ Argumentative  
                   \_\_\_ Inappropriate response to questions
- Other Observed    \_\_\_\_\_  
 Actions/Behaviors    \_\_\_\_\_

### **Actions**

- |                  |       |       |   |
|------------------|-------|-------|---|
|                  | Sup   | Wit   |   |
| Supervisor or    | _____ | _____ | 1. Safety Manager Contacted   |
| Witness Initials | _____ | _____ | 2. Reasonable suspicion exists to test Employee <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT |
|                  | _____ | _____ | 3. Process explained to employee  |
|                  | _____ | _____ | 4. Arrangements made to escort employee to testing facility   |
|                  | _____ | _____ | 5. Arrangements made to escort employee home  |

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

\_\_\_\_\_  
Date/Time

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

\_\_\_\_\_  
Date/Time

**OUR GOAL IS ZERO INJURIES IN THE WORKPLACE**