



Reasonable Suspicion-Supervisor's Observation Report Form

Complete this checklist when you have reasonable suspicion that an employee is under the influence of a prohibited drug or alcohol.

Employee Name	Social Security #	Day/Time of Incident or Observation
Immediate Supervisor		Telephone
Senior Supervisor		Telephone

Check those behaviors and symptoms that led to your decision to request a drug or alcohol test.
Check any category and circle the appropriate symptom(s).

Nature of Incident/Cause for Suspicion	Behavioral Indicators Noted
1. Illicit Behavior (observed) or (reported) possession, use, transaction or "under the influence" behavior of a prohibited substance.	1. Speech Behavior (verbally abusive) (rambling and nonsensical). Specify _____
2. Under Influence (observed) or (reported) apparent "under the influence" behavior.	2. Physical Behavior (extreme aggressiveness) (agitation) (physical abusiveness). Specify _____
3. Erratic Behavior (observed) or (reported) abnormal or erratic behavior.	3. Attitude (withdrawn) (depressed) (tearful) (secretive) (unresponsive). Specify _____
4. Other (e.g., flagrant violation of safety or serious misconduct, accident or "near miss," fighting or argumentative abusive language, unauthorized absence on the job). Specify _____ _____ _____	4. Other Erratic or inappropriate behavior (e.g., hallucinating, disoriented, excessive euphoria, talkativeness, confused, frequent absences). Specify _____ _____ _____

Physical Signs or Symptoms	
1. Eyes (red) (pupils dilated) (pupils constricted).	7. Pulse Rate (rapid) (slow).
2. Nose (runny) (sores in nostrils) (red and inflamed).	8. Physical Control (gait unsteady) (poor coordination) (tremors) (twitching).
3. Skin (flushed and sweating) (pale) (blood spots and needle marks).	9. Muscle Tone (rigid) (shakes and tremors) (limp).
4. Salivation (dry mouth) (hyper salivation).	10. Speech (rapid) (slurred).
5. Breath (odor of alcohol) (solvents) (marijuana)	11. Mental State (confusion) (hyperactive) (lackadaisical).
6. Breathing Rate (rapid) (shallow)	12. Other Please specify _____ _____

Long Term Indicator Checklist

Quality and Quantity of Work	
<ul style="list-style-type: none"> • Clear refusal to do assigned tasks • Significant increase in errors • Repeated errors in spite of increased guidance • Reduced quantity of work • Inconsistent, "up and down" quality and quantity of work • Behavior that disrupts work flow 	<ul style="list-style-type: none"> • Procrastination on significant decisions or tasks • More than usual supervision necessary • Frequent, unsupported explanations for poor work performance • Noticeable change in written or verbal communication • Other (please specify) _____

INTERPERSONAL WORK RELATIONSHIPS

- Significant change in relationships with co-workers, supervisors
- Major change in physical health
- Concerns about sexual behavior or sexual harassment
- Frequent or intense arguments
- Verbal abusiveness
- Physical abusiveness
- Passive-aggressive attitude or behavior, doing things "behind your back"
- Intentional avoidance of supervisor
- Expressions of frustration or discontent
- Change in frequency or nature of complaints
- Cynical "distrustful of human nature" comments
- Unusual sensitivity to advice of critique of work
- Unpredictable response to supervision
- Persistently withdrawn or less involved with people

GENERAL JOB PERFORMANCE

- Excessive number of unauthorized absences in last 12 months
- Excessive authorized absences in last 12 months
- Excessive use of sick leave in last 12 months
- Frequent Monday/Friday absence or other pattern
- Excessive "extensions" of breaks or lunch
- Frequently left work early
- Increased concern about, or actual incidents of, safety offenses involving the employee
- Experienced or caused job accidents
- Major change in duties or responsibilities
- Interfered with or ignored established procedures
- Inability to follow through on job performance

PERSONAL MATTERS

- Changes in or unusual personal appearances (dress, hygiene)
- Changes in or unusual speech (incoherent, stuttering, loud)
- Changes in or unusual topics of conversation
- Changes in or unusual facial expressions
- Concerns about sexual behavior or sexual harassment
- Demanding, rigid, inflexible
- Increasingly irritable or tearful
- Excessive fatigue
- Frequent colds, flu, or other illness
- Major change in physical health
- Temper tantrums or angry outbursts
- Persistently boisterous or rambunctious
- Unpredictable or out-of-context displays of emotion or fears
- Lack appropriate caution
- Secretive or furtive
- Makes unreliable or false statements
- Unrealistic self-appraisal or grandiose statements
- Engages in detailed discussions about death, suicide, or harming someone
- Has personal relationship problems
- Has received professional assistance for emotional or physical problems
- Makes unfounded accusations toward others; i.e., has feelings of persecution
- Changes in or unusual level of activity -significantly reduced or increased

WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, time, and location of reasonable cause testing or note if employee refused the test. Attach additional sheets as needed.

Signature of Immediate Supervisor	Date/Time	Signature of Next Supervisor in Line	Date/Time
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