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:
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)

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