

APPENDIX B  
REASONABLE SUSPICION CHECKLIST  
(STRICTLY CONFIDENTIAL)

Employee Name: \_\_\_\_\_

Date/Time of Evaluation: \_\_\_\_\_

This checklist is intended to assist a supervisor in referring a person for drug testing under reasonable suspicion.

**\*\*Note: The employee must exhibit at least one of the following behaviors in Part A to be tested under reasonable suspicion.**



**A. Specific Observations Concerning Appearance**

Yes    No

- \_\_\_\_    \_\_\_\_ 1. Smell of Alcohol and/or Marijuana on employee's breath or person
- \_\_\_\_    \_\_\_\_ 2. Bloodshot eyes or tired eyelids
- \_\_\_\_    \_\_\_\_ 3. Excessively constricted or dilated pupils
- \_\_\_\_    \_\_\_\_ 4. Increasingly irritable; displays excess amounts of physical emotion, crying, etc.
- \_\_\_\_    \_\_\_\_ 5. Has trouble maintaining balance and composure (stumbles)
- \_\_\_\_    \_\_\_\_ 6. Persistent runny nose and/or nosebleeds
- \_\_\_\_    \_\_\_\_ 7. The appearance of hypodermic needle marks on employee
- \_\_\_\_    \_\_\_\_ 8. Other (please describe) \_\_\_\_\_

\*\*If you checked **yes** to any statements in Part A; please read and check all that apply for Parts B, C & D.



**B. Quality and Quantity of Work**

Yes    No

- \_\_\_\_    \_\_\_\_ 1. Clear refusal to do assigned tasks
- \_\_\_\_    \_\_\_\_ 2. Repeated errors in spite of increased guidance
- \_\_\_\_    \_\_\_\_ 3. Reduced quantity of work
- \_\_\_\_    \_\_\_\_ 4. Behavior that disrupts workflow
- \_\_\_\_    \_\_\_\_ 5. More than usual supervision necessary
- \_\_\_\_    \_\_\_\_ 6. Other (please specify) \_\_\_\_\_

**C. Interpersonal Work Relationships**

Yes    No

- \_\_\_    \_\_\_ 1. Significant change in relations with co-workers, supervisors
- \_\_\_    \_\_\_ 2. Frequent or intense arguments
- \_\_\_    \_\_\_ 3. Physical abusiveness
- \_\_\_    \_\_\_ 4. Intentional avoidance of supervisor
- \_\_\_    \_\_\_ 5. Complaints by co-workers or subordinates (temper tantrums/angry outbursts, etc.)
- \_\_\_    \_\_\_ 6. Demanding, rigid, inflexible



**D. General Job Performance**

Yes    No

- \_\_\_    \_\_\_ 1. Excessive absences in last 12 months
- \_\_\_    \_\_\_ 2. Frequent Monday/Friday absences or other patterns
- \_\_\_    \_\_\_ 3. Experiences or causes job related accidents
- \_\_\_    \_\_\_ 4. Major change in duty or responsibility
- \_\_\_    \_\_\_ 5. Interferes with or ignores established procedures



**Signatures**

I hereby certify that the information given above is true to the best of my knowledge.

\_\_\_\_\_  
Supervisor #1-Name and Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Supervisor #2 – (if available)

\_\_\_\_\_  
Date

