REASONABLE SUSPICION REPORTING FORM

***THIS FORM MUST BE PREPARED EVERY TIME AN EMPLOYEE DISPLAYS SIGNS OF IMPAIRMENT, POSSIBLY DUE TO DRUGS AND/OR ALCOHOL**

EMPLOYEE NAME: _____ DATE OBSERVED: _____

TIME OF OBSERVATION - FROM: _____ TO: _____ LOCATION: _____

OBSERVATIONS - CIRCLE ALL THAT APPLY				
APPEARANCE	NORMAL	FLUSHED	BLOODSHOT EYES	ABNORMAL PUPILS
SPEECH	NORMAL	SLURRED	LOUD	WHISPERING
BALANCE	NORMAL	SWAYING	STAGGERING	FALLING
ODOR	NORMAL	MARIJUANA	ALCOHOL	
WALKING	NORMAL	STUMBLING	SWAYING	ARMS RAISED FOR BALANCE
AWARENESS	NORMAL	CONFUSED	SLEEPY	LACK OF COORDINATION

WORK HABITS - CIRCLE ALL THAT APPLY		
CLEAR REFUSAL TO DO ASSIGNED TASKS.	YES	NO
SIGNIFICANT INCREASES IN ERRORS.	YES	NO
SUDDEN OR ERRATIC HIGH AND LOW PERIODS OF PRODUCTIVITY	YES	NO
REPEATED ERRORS IN SPITE OF INCREASED GUIDANCE.	YES	NO
REDUCED QUANTITY OF WORK	YES	NO
INCONSITENT, "UP/DOWN" QUALITY OF WORK.	YES	NO
CHANGE IN FREQUENCY OR NATURE OF COMPLAINTS.	YES	NO
POOR JUDGEMENT OR MORE MISTAKES THAN USUAL AND GENERAL CARELESSNESS	YES	NO
CHANGES IN OR UNUSUAL PERSONAL APPEARANCE (DRESS/HYGIENE).	YES	NO
CHANGES IN OR UNUSUAL SPEECH (INCOHERENT, STUTTERING, LOUD).	YES	NO
UNUSUAL FEARS.	YES	NO
CHANGES IN OR UNUSUAL PHYSICAL MANNERISMS (GESTURE, POSTURE).	YES	NO
CHANGES IN OR UNUSUAL FACIAL EXPRESSIONS.	YES	NO
CHANGES IN OR UNUSUAL LEVEL OF ACTIVITY.	YES	NO
CHANGES IN OR UNUSUAL TOPICS OF DISCUSSION.	YES	NO
PROCRASTINATION ON SIGNIFICANT DECISIONS OR TASKS.	YES	NO
CYNICAL, "DISTRUSTFUL OF HUMAN NATURE" COMMENTS.	YES	NO
FREQUENT, UNREPORTED ABSENCES LATER EXPLAINED AS "EMERGENCIES"	YES	NO
FREQUENT, UNSUPPORTED EXPLANATIONS FOR POOR WORK PERFORMANCE.	YES	NO
NOTICEABLE CHANGE IN WRITTEN OR VERBAL COMMUNICATION.	YES	NO
ENGAGES IN DETAILED DISCUSSIONS ABOUT DEATH, SUICIDE, HARMING OTHERS.	YES	NO
PASSIVE-AGGRESS ATTITUDE OR BEHAVIOR, DOING THINGS "BEHIND YOUR BACK".	YES	NO

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JOB PERFORMANCE - CIRCLE ALL THAT APPLY		
EXCESSIVE UNAUTHORIZED ABSENCES – NUMBER IN LAST 12 MONTHS.	YES	NO
EXCESSIVE AUTHORIZED ABSENCES – NUMBER IN LAST 12 MONTHS.	YES	NO
FREQUENT UNEXPLAINED DISAPPEARANCES.	YES	NO
EXCESSIVE USE OF SICK LEAVE – NUMBER IN LAST 12 MONTHS.	YES	NO
FREQUENT MONDAY-FRIDAY ABSENCE OR OTHER PATTERN.	YES	NO
EXCESSIVE "EXTENSION" OF BREAKS OR LUNCH.	YES	NO
FREQUENTLY LEAVES WORK EARLY.	YES	NO
YOU HAVE INCREASED CONCERN ABOUT (ACTUAL INCIDENTS) SAFETY OFFENSES INVOLING THE EMPLOYEE.	YES	NO
EXPERIENCES OR CAUSES JOB ACCIDENTS.	YES	NO
MAJOR CHANGES IN DUTIES OR RESPONSIBILITIES.	YES	NO
DISREGARD FOR SAFETY RULES OR PROCEDURES	YES	NO
DISREGARD FOR THE SAFETY OF OTHERS	YES	NO
MOOD CHANGES AFTER LUNCH OR BREAK	YES	NO
INTERFERES WITH OR IGNORES ESTABLISHED PROCEDURES.	YES	NO
INABILITY TO FOLLOW THROUGH ON THE JOB PERFORMANCE RECOMMENDATIONS.	YES	NO

OBSERVATIONS - CIRCLE ALL THAT APPLY		
TAKING NEEDLESS RISKS	YES	NO
INCREASINGLY IRRITABLE OR TEARFUL.	YES	NO
LACKS APPROPRIATE CAUTION.	YES	NO
UNPREDICTABLE OR OUT-OF-CONTEXT DISPLAYS OF EMOTION.	YES	NO
PERSISTENTLY BOISTEROUS OR RAMBUNCTIOUS.	YES	NO
ENGAGES IN DETAILED DISCUSSIONS ABOUT OBTAINING/USING DRUGS/ALCOHOL.	YES	NO
MAKES UNFOUNDED ACCUSATIONS TOWARDS OTHERS, I.E. HAS FEELINGS OF PERSECUTION.	YES	NO
SECRETIVE OR FURTIVE.	YES	NO
MEMORY PROBLEMS (DIFFICULTY RECALLING INSTRUCTIONS, DATA, PAST BEHAVIOR).	YES	NO
EXCESSIVE FATIGUE.	YES	NO
MAKES UNRELIABLE OR FALSE STATEMENTS.	YES	NO
TEMPER TANTRUMS OR ANGRY OUTBURSTS.	YES	NO
DEMANDING, RIGID, INFLEXIBLE.	YES	NO

INTERACTIONS WITH CO-WORKERS - CIRCLE ALL THAT APPLY		
FREQUENT OR INTENSE ARGUMENTS.	YES	NO
VERBAL ABUSIVENESS.	YES	NO
PHYSICAL ABUSIVENESS.	YES	NO
UNPREDICTABLE RESPONSE TO SUPERVISION.	YES	NO
INTENTIONAL AVOIDANCE OF SUPERVISION.	YES	NO
EXPRESSIONS OF FRUSTRATION OR DISCONTENT.	YES	NO
BEHAVIOR THAT DISRUPTS WORK FLOW.	YES	NO
MORE THAN USUAL SUPERVISION NECESSARY.	YES	NO
UNUSUAL SENSITIVITY TO ADVICE OR CRITIQUE OF WORK.	YES	NO
PERSISTENTLY WITHDRAWN OR LESS INVOLVED WITH PEOPLE.	YES	NO

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OTHER FACTORS - CIRCLE ALL THAT APPLY

PROXIMITY TO OR POSSESSION OF:

DRUGS DRUG PARAPHERNALIA ALCOHOL

OTHER BANNED SUBSTANCE/ITEM

DESCRIPTION: _____

OTHER OBSERVATIONS:

ABOVE BEHAVIOR WITNESSED BY:

SUPERVISOR NAME (PRINT): _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

SUPERVISOR NAME (PRINT): _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

* **NEVER ACCUSE AN INDIVIDUAL OF BEING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL, ONLY RELATE FACTUAL OBSERVATIONS.**

* **NOTE: RETAIN A COPY OF THIS FORM FOR A MINIMUM OF 5 YEARS AND INCLUDE IT IN THE EMPLOYEE'S SECURE CONFIDENTIAL DRUG AND ALCOHOL PROGRAM FILE.**