SUPERVISOR'S CHECKLIST FOR MAKING REASONABLE SUSPICION DETERMINATION

Employee’s name_______________________________

Department____________________________________

Date(s)_______________________________________

KNOWING THE SIGNS
The indicators listed below are "warning signs" of drug and/or alcohol abuse and may be observed by supervisors:

Moods:
- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (e.g., outbursts of crying)
- Mood changes after lunch or break

Actions:
- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone
- Argumentative
- Has exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues

Absence:
- Acceleration of absenteeism and tardiness, especially Mondays, Friday, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flus, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (e.g., frequent trips to water fountain and bathroom)

- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

Accidents:
- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

Work Patterns:
1. Inconsistency in quality of work
2. High and low periods of productivity
3. Poor judgment/more mistakes than usual and general carelessness
4. Lapses in concentration
5. Difficulty in recalling instructions
6. Difficulty in remembering own mistakes
7. Using more time to complete work/missing deadlines
8. Increased difficulty in handling complex situations

Relationship to Others on the Job:
- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer requests
- Complaints of problems at home such as separation, divorce and child discipline problems
OBSERVING AND DOCUMENTING CURRENT INDICATORS

Patterns of any of the above conduct or combinations of conduct may occur but must be accompanied by indicators of impairment in order to establish "reasonable cause." Please check all indicators listed below that are currently present:

____ Constricted pupils  ____ Muscular incoordination  ____ Sniffles
____ Dilated pupils  ____ Unconsciousness  ____ Excessively active
____ Scratching  ____ Inability to verbalize  ____ Nausea or vomiting
____ Red or watering eyes  ____ Irritable  ____ Flushed skin
____ Involuntary eye movements  ____ Argumentative  ____ Sweating
____ Drowsiness  ____ Difficulty concentrating  ____ Yawning
____ Odor of alcohol  ____ Slurred speech  ____ Twitching
____ Nasal secretion  ____ Bizarre behavior  ____ Violent behavior
____ Dizziness  ____ Needle marks
____ Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can)
____ Possession of substance that appears to possibly be a drug or alcohol
____ Other ______________________________________________________
________________________________________________________________________
________________________________________________________________________

DETERMINING REASONABLE CAUSE

If you are able to document one or more of the indicators above, ask yourself these questions to establish reasonable cause:

Y N

1. [ ] [ ] Has some form of impairment been shown in the employee's appearance, actions or work performance?
2. [ ] [ ] Does the impairment result from the possible use of drugs or alcohol?
3. [ ] [ ] Are the facts reliable? Did you witness the situation personally, or are you sure that the witness(es) are reliable and have provided firsthand information?
4. [ ] [ ] Are the facts capable of explanation?
5. [ ] [ ] Are the facts capable of documentation?
6. [ ] [ ] Is the impairment current, today, now?

Do NOT proceed with reasonable cause testing unless all of the above questions are answered with a YES.

TAKING ACTION

____ Reasonable cause established
____ Reasonable cause NOT established

Prepared by:

Supervisor's/Manager's Signature:__________________________________________