



Reasonable Suspicion Testing Checklist

1/11/2019 | Version No. 1

This checklist is used to determine and document reasonable suspicion of a potential violation of the City of Tulsa Drug and Alcohol Policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as witness, must each complete a checklist. The totality of the circumstances will be evaluated in deciding if reasonable suspicion testing should be considered. It must be completed prior to testing and must be submitted to City Medical within 24 hours of the testing.

Date: _____ **Time:** _____ **AM | PM**

Name of observed individual: _____ **Employee ID#:** _____
(Please Print)

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

WALKING	FACE	SPEECH	BREATH/ODOR
<input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other	<input type="checkbox"/> Red/flushed <input type="checkbox"/> Sweaty <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth	<input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Low/Raspy <input type="checkbox"/> Other	<input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> Other
STANDING	EYES	MOVEMENTS	APPEARANCE
<input type="checkbox"/> Swaying <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Other	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Difficulty Keeping Eyes Open	<input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other	<input type="checkbox"/> Messy <input type="checkbox"/> Dirty/stained clothing <input type="checkbox"/> Ripped/torn clothing <input type="checkbox"/> Partially dressed

Behavioral Indicators:

DEMEANOR			ACTIONS	
<input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Anxious <input type="checkbox"/> Disoriented <input type="checkbox"/> Sleepy	<input type="checkbox"/> Belligerent <input type="checkbox"/> Excited <input type="checkbox"/> Inattentive <input type="checkbox"/> Drowsy <input type="checkbox"/> Paranoia	<input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Other <input type="checkbox"/> Lowered Inhibitions	<input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Argumentative <input type="checkbox"/> Non-communicative	<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job

Comments and other observations, (such as indications of alcohol or drug use):

Additional factors:

- Pattern of unsatisfactory job performance or work habits, for which no apparent non-impairment-related reason exists, or a change in an employee's prior patterns of work performance, especially where there is evidence of drug/alcohol-related behavior on or off the work site.
- Evidence of illegal substance use, possession, sale, or delivery while on duty, and/or possession of drug paraphernalia.
- Occurrence of a serious or potentially serious accident that may have been caused by human error, or flagrant violations of established safety, security, or other operating procedures.
- Past statements or admissions made by the employee.
- Possessing, selling, distributing, unlawfully manufacturing, or using alcoholic beverages or Controlled Substances, or in possession of drug paraphernalia while on duty or on City property.
- Documented job performance deterioration through declining productivity, excessive absenteeism/tardiness, unaccounted for or suspicious time lapse(s) of availability, arguments with customers/citizens and supervisors, or other aberrant behavior.
- Subject of criminal charges/convictions or findings resulting from an investigation of a tip/police report, etc.
- Other physical, circumstantial, or contemporaneous indications of Impairment.
- Individual declined to comment, or

Individual's explanation for behavior:

Completed by: _____ **Title:** _____
(Please Print)

Signature: _____ **Date:** _____ **Time:** _____ **AM | PM**