



Reasonable Suspicion Testing Checklist

Applies to: Faculty, staff, graduate associates, and student employees

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the Drug-Free Workplace policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as witness, must each complete a checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____ Time: _____ a.m. / p.m.

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

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

WALKING <input type="checkbox"/> Holding on <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 _____	FACE <input type="checkbox"/> Red/flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Appears normal <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Other _____	SPEECH <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Other _____	BREATH/ODOR <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> None <input type="checkbox"/> Gum <input type="checkbox"/> Mints <input type="checkbox"/> Candy <input type="checkbox"/> Other _____
STANDING <input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Other _____	EYES <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy eye lids <input type="checkbox"/> Appear normal	MOVEMENTS <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	APPEARANCE <input type="checkbox"/> Messy <input type="checkbox"/> Dirty/stained clothing <input type="checkbox"/> Burns on person/clothing <input type="checkbox"/> Ripped/torn clothing <input type="checkbox"/> Partially dressed <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Appears normal

Behavioral Indicators:

DEMEANOR <input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Anxious <input type="checkbox"/> Disoriented <input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite <input type="checkbox"/> Silent <input type="checkbox"/> Belligerent <input type="checkbox"/> Excited <input type="checkbox"/> Inattentive <input type="checkbox"/> Drowsy	<input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Appears normal <input type="checkbox"/> Other _____	ACTIONS <input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Non-communicative <input type="checkbox"/> Argumentative	<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Other _____
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Comments and other observations: _____

Additional facts:

Presence of alcohol and/or drugs in individual's possession or vicinity

On the job misconduct by individual (specify) _____

Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed below

Individual declined to comment, or Individual's explanation for behavior _____

Is individual at least 18 years of age? YES NO If "no", name of parent/guardian contacted: _____

Completed by (signature): _____ Date: _____ Time: _____ a.m./p.m.
(Printed name): _____ Title: _____

Fax all documentation to 614-293-8018 to "University Health Services – Attn: Medical Review Officer"
Or bring to University Health Services – 2100 Cramblett Hall, 456 W. 10th Ave, Columbus, OH 43210.
For questions, call 614- 293-8146.