

REASONABLE SUSPICION CHECKLIST FOR SUPERVISORS

Derek A. Nelson, Director Risk Management danelson@cherokeega.com 770-721-7827

Employee name								
Department								
Date(s) observed								
Date(3) Observed								
Substance Misuse Indicators								
	F	PHYSICAL	B	BEHAVIORAL	SPEECH		PERFORMANCE	
\perp	Odor (A	Alcohol)	Hyper	active	Slurred		Excessive absenteeism	
	Odor (Marijuana)		Overly	y excited	Thick tongued		Excessive tardiness	
	Odor (Body)		Throw	s objects	Slow speech		Excessive sick leave	
	Eyes Red, Bloodshot		Anger	s easily	Deliberate speech		Frequently leaves early	
	Eyes Glassy		Loses	temper	Stumbles over words		Extended breaks	
	Eyes Watery		Argue	s with coworkers	Trips up while talking		Excessive phone calls	
	Pupils Dilated		Annoy	s coworkers	Loses train of thought		Increased mistakes	
	Pupils (Constricted	Argue	s with customers	Stops in mid-sen		Errors in judgment	
	Eye twi	tching		s customers	Speaks loudly		Poor decision making	
	Falls			concentration	Uses profanity		Inability to meet deadline	
\top	Stumbl	es when walks	Slow t	o answer	Talks about mari	ital issues	Cannot complete tasks	
\top	Unstea	dy balance	Slow r	movement			Lower production	
	Drowsy	•	Slow r	reaction			Irritable with Supervisors	
	Droopy		Reduc	ed judgment			Insubordinate	
_	Squints	•		ced inhibitions			Argumentative	
		one eye	Sudde	den mood change			Lack of responsibility	
	Fumble			essive bragging			Increased complaints	
+	Drops s	small items		y friendly			Rude	
Uncoordinated				sually quiet			Poor attitude	
Nauseous or vomiting			Sleeps				Lower quality of work	
	Scratch			sive giggling			Lower quantity of work	
	Sniffles			sive laughter			Avoids Supervisors	
_	Flushed			ssed/Anxious			Increased accidents	
		ve sweating		cious activities			Lack of awareness	
	Needle		Crying	+	+		Less Safety Conscious	
		ve restroom visits	Withd				Asks to borrow money	
	_			L	vourself these quest	ions to establis	sh reasonable suspicion:	
Yes				To manage and any	Question	101.0 to 200		
	+ 1	Has some form of i	mpairmer	nt been shown in the	employee's appeara	nce, actions o	or work performance?	
	1	Does the impairment result from the possible use of drugs or alcohol?						
		Are the facts reliable? Did you witness them personally or are you sure that the witness(es) are reliable and						
		have provided first	•	•	,		,	
		Are the facts Specific (capable of explanation)?						
		Are the facts Articulable (capable of putting into words or documentation)?						
		Is the impairment timely (current, today, now)?						
		Has Reasonable Suspicion been established?						
Supervisor (printed name				Supervisor (signature)			Date	
				-				

Return Completed Form (2 pages) to danelson@cherokeega.com



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Comments or Notes:		
Supervisor (printed name)	Supervisor (signature)	Date