Note to Supervisor: When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where “Other” is checked, please describe. Read further instructions on back page.

Name of Observed Employee ___________________________ Job Title ___________________________
Name of Supervisor ___________________________ Job Title ___________________________
Date/Time of Determination: ___________________________ AM PM
Name(s) of Witness(es) to employee’s conduct: ________________________________________________

Observation Checklist

Walking:  ____ Holding on  ____ Stumbling  ____ Unable to walk
  ____ Unsteady  ____ Staggering  ____ Swaying
  ____ Falling  ___________________________
  ____ Other ___________________________

Standing:  ____ Swaying  ____ Feet wide apart  ____ Unable to stand
  ____ Rigid  ____ Staggering  ____ Sagging at knees
  ___________________________
  ____ Other ___________________________

Speech:  ____ Whispering  ____ Slurred  ____ Shouting
  ____ Incoherent  ____ Slobbering  ____ Silent
  ____ Rambling  ____ Mute  ____ Slow
  ____ Other ___________________________

Demeanor:  ____ Cooperative  ____ Calm  ____ Talkative  ____ Polite
  ____ Sarcastic  ____ Sleepy  ____ Crying
  ____ Sleeping on job  ____ Argumentative  ____ Excited
  ____ Other ___________________________

Actions:  ____ Hostile  ____ Fighting  ____ Profanity  ____ Drowsy
  ____ Threatening  ____ Hyperactive  ____ Erratic  ____ Calm
  ____ Resisting communication  ____ Other ___________________________

Eyes:  ____ Bloodshot  ____ Watery  ____ Droopy  ____ Dilated
  ____ Glassy  ____ Other ___________________________

Face:  ____ Flushed  ____ Pale  ____ Sweaty
  ____ Other ___________________________

Breath:  ____ No alcoholic odor  ____ Faint alcoholic odor  ____ Alcoholic odor
  ____ Sweet/pungent tobacco odor  ____ Heavy usage, breath spray
  ____ Other ___________________________

Movement:  ____ Fumbling  ____ Jerky  ____ Nervous
  ____ Slow  ____ Normal  ____ Hyperactive
  ____ Other ___________________________

Eating/Chewing:  ____ Gum  ____ Candy  ____ Mints
  ____ Other ___________________________
Appearance/Clothing:

- Neat
- Unruly
- Messy
- Dirty
- Having odor
- Partially dressed
- Stains on clothing
- Bodily excrement stains
- Other

Miscellaneous:
- Presence of alcohol and/or drugs in employee’s possession or vicinity
- On the job misconduct by employee
- Employee admission concerning alcohol use and/or drug use or possession

Other Observations: (if accident, provide details)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Employee’s Explanation or Reasons for His/Her Conduct:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Once above portion of form has been completed by you and a witness, you are now ready to take a position with the employee. Be certain to follow district procedures as outlined in our drug free policy.

(Check One)

- Employee has agreed to testing
- Employee has not agreed to testing

Supervisor/Manager Signature ____________________________ Date ____________

Witness Signature ____________________________ Date ____________
Instructions to Supervisor:

Conduct the employee interview in a private setting, mindful of the dignity and confidentiality rights of the employee.

Share your observations and the indicators that were noted on the reasonable suspicion checklist with the employee. **Important: do not try to diagnose abuse or addiction or identify the specific drug associated with the employee’s behavior or appearance.**

Once a reasonable suspicion testing determination has been made, immediately remove the employee from performing his or her duties and notify the employee that he or she will remain off work until the test results are known.  **If the employee is unwilling to submit to a reasonable suspicion drug or alcohol test, contact your supervisor or the Executive Director of Human Resources and ask for assistance.**

Arrange for transportation and accompany the employee to the collection site for testing without delay.

Federal regulations, which apply to employees who hold a Commercial Driver’s License or perform safety sensitive functions, require that an alcohol test for reasonable suspicion is to be administered within two hours of a determination there may be cause for reasonable suspicion; attempts to conduct a reasonable suspicion alcohol test will terminate after eight hours and the supervisor will document the reason for the inability to conduct the test.  This standard would also be applied to any situation involving a reasonable suspicion of alcohol use during work hours.

**Please use the space below to document any delays or inability to test.**
Reasonable Suspicion Tests

Test must be conducted when a properly-trained supervisor or District official has reasonable suspicion that the employee has violated the District’s alcohol or controlled substance prohibitions. This reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the employee’s performance, appearance, behavior, speech and/or body odors. The observations may include indications of chronic and withdrawal effects of controlled substances.

Alcohol tests will be authorized for reasonable suspicion only if the required observations are made during, just before or just after the period of the work day when the employee must comply with alcohol prohibitions (see Drug Free Workplace policy GBEC). Federal regulations, which apply to employees who hold a Commercial Driver’s License or perform safety sensitive functions, require that an alcohol test for reasonable suspicion is to be administered within two hours of a determination there may be cause for reasonable suspicion; attempts to conduct a reasonable suspicion alcohol test will terminate after eight hours. This standard would also be applied to any situation involving a reasonable suspicion of alcohol use during work hours.

A supervisor or District official who makes a finding of reasonable suspicion also must make a written record of his observations leading to the reasonable suspicion alcohol or controlled substance within 24 hours of the observed behavior or before the results of the alcohol or controlled substance test are released, whichever is earlier.

Testing Arrangements and Locations

If the determination to test is made, please contact Bill Siebers, Executive Director of Human Resources at 613-5012.

OIKOS
2529 N. Lincoln Ave, Suite C
Loveland, CO 80538

24/7 Response Capability
Call for Appointment
(970) 227-9583

Banner Occupational Health
Monday – Friday 7:30 am – 6pm
Walk-in or call for appointment
1703 E 18th Street Suite 4
Loveland, CO 80538
(970) 278-4580