

REASONABLE SUSPICION RECORD

Employee's Name	Date of Observations were made:	
Location of Incident	Time of Observations were made: From	am. pm.
Supervisor's Name	To	am. pm.

Record employee observed behavior for reasonable suspicion for the effects of alcohol or drugs that may affect the employee's ability to perform his / her duties. Reasonable suspicion testing will be conduct for the sole purpose of providing a health and safe work environment for all workers. THE COMPANY requires the employee to submit to a alcohol or drug test if a Supervisor or Manager determines that reasonable suspicion exits based on the following criteria.

GENERAL APPEARANCE

Drowsy	<input type="checkbox"/>	Unsteadiness when Walking	<input type="checkbox"/>
Tremors	<input type="checkbox"/>	Unsteadiness when Standing	<input type="checkbox"/>
Slurred Speech	<input type="checkbox"/>	Flushed Faced	<input type="checkbox"/>
Glassy Eyes	<input type="checkbox"/>	Disoriented	<input type="checkbox"/>
Odor of Alcoholic Beverage on Breath	<input type="checkbox"/>		
Other:			

Qualify your observation:

WORKPLACE BEHAVIOR

Interrupts Others at Work	<input type="checkbox"/>	Physically Threatening	<input type="checkbox"/>
Inflexible about Procedures	<input type="checkbox"/>	Alcohol Consumption Observed	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	Drug Use of Consumption Observed	<input type="checkbox"/>
Inappropriate Emotional Outbursts	<input type="checkbox"/>	Involvement in an Incident	<input type="checkbox"/>
Other:			

Qualify your observation:

TEMPERAMENT AT WORK

Withdrawn Much More Than Usual	<input type="checkbox"/>	Excessively Worried or Fearful	<input type="checkbox"/>
Easily Upset by Every Day Events	<input type="checkbox"/>	Extreme Variation of Moods	<input type="checkbox"/>
Agitated and On Edge	<input type="checkbox"/>		
Other:			

Qualify your observation:

JOB PERFORMANCE

Forgets Normal Instructions	<input type="checkbox"/>	Missed Deadlines	<input type="checkbox"/>
Not Following Procedures	<input type="checkbox"/>	Poor Judgment	<input type="checkbox"/>
Works Abnormally Slow	<input type="checkbox"/>	Failure to Wear PPE	<input type="checkbox"/>
Erratic Productivity	<input type="checkbox"/>		
Other:			

Qualify your observation:

RELATIONSHIP WITH CO-WORKERS

Abnormal Reaction to Criticism	<input type="checkbox"/>	Complaints Received from Co-workers	<input type="checkbox"/>
Imagines Criticism Where There is None	<input type="checkbox"/>	Complaints from Clients	<input type="checkbox"/>
Other:			

Qualify your observation:

ABSENTEEISM

Excessive Absence	<input type="checkbox"/>	Absence(s) Follow a Pattern (i.e. Mondays & Fridays)	<input type="checkbox"/>
Unlikely Excuses for Absence(s)	<input type="checkbox"/>	Frequently Returning from Breaks Later	<input type="checkbox"/>
Excused for Absence Proven False	<input type="checkbox"/>	Excessive Absence from Workstation	<input type="checkbox"/>
Other:			

Qualify your observation:

Supervisor or Manager's Signature & Date signed _____

HSE Manager Signature & Date signed _____