

CITY OF PALMER

REASONABLE SUSPICION OBERVATION CHECKLIST

Note to Supervisor: This form is to be used to substantiate and document the objective facts and observations leading to a reasonable suspicion testing determination. After a direct observation of the employee's appearance, behavior, speech, body odors, and/or performance, please check ALL the indicators that raised your suspicion that the employee may have engaged in conduct, which violates the Drug and Alcohol policy. Read further instructions on back page.

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_
Supervisor/ \_\_\_\_\_ Job Title \_\_\_\_\_
Date/Time of Determination: \_\_\_\_\_
Name(s) of Witness(es), if any: \_\_\_\_\_

A. APPEARANCE OR PHYSICAL INDICATORS

- \_\_\_ Flushed or very pale complexion
\_\_\_ Excessive sweating or skin clamminess
\_\_\_ Bloodshot or watery eyes
\_\_\_ Dilated or constricted pupils
\_\_\_ Nystagmus (jerky eye movement)
\_\_\_ Unfocused, blank stare
\_\_\_ Runny/bleeding nose
\_\_\_ Disheveled clothing
\_\_\_ Unkempt grooming
\_\_\_ Possible puncture marks on arms
\_\_\_ Dry mouth, wetting lips frequently

C. SPEECH OR BODY ODORS

- \_\_\_ Slurred, thick, slowed
\_\_\_ Incoherent, nonsensical, silly
\_\_\_ Loud, boisterous
\_\_\_ Repetitious, rambling
\_\_\_ Cursing, inappropriate language
\_\_\_ Rapid, pressured
\_\_\_ Excessive talkativeness
\_\_\_ Exaggerated enunciation
\_\_\_ Odor of alcohol
\_\_\_ Distinctive pungent aroma

B. BEHAVIORAL INDICATORS

- \_\_\_ Stumbling, unsteady gait
\_\_\_ Poor coordination
\_\_\_ Hyperactivity, fidgety, agitated
\_\_\_ Nervous, disorderly
\_\_\_ Irritable, moody, belligerent
\_\_\_ Shaking, tremors, twitches
\_\_\_ Dizziness or fainting
\_\_\_ Nausea or vomiting
\_\_\_ Breathing irregularly or with difficulty
\_\_\_ Extreme fatigue or sleeping on the job
\_\_\_ Depressed, withdrawn

D. PERFORMANCE INDICATORS\*

- \_\_\_ Delayed or faulty decision-making
\_\_\_ Impulsive, unusual risk-taking
\_\_\_ Inability to concentrate
\_\_\_ Lack of motivation
\_\_\_ Impaired mental functioning
\_\_\_ Decreased alertness
\_\_\_ Significant increase in errors
\_\_\_ Reduced quality/quantity of work
\_\_\_ Inappropriate response to instructions
\_\_\_ Excessive absences or use of sick time
\_\_\_ Lackadaisical, apathetic attitude

Other observations not noted above: \_\_\_\_\_

Date/Time of Test: \_\_\_\_\_ Test Refused: \_\_\_ No \_\_\_ Yes

Supervisor Signature \_\_\_\_\_

\*These are usually long-term indicators. Must be combined with other indicators under A, B, or C.

Instructions to Supervisor:

1. Conduct the employee interview in a private setting, mindful of the dignity and confidentiality rights of the employee.
2. Give the employee an opportunity to explain the reason(s) for the indicators you have observed from his or her perspective. Expect denial. Note explanation given by the employee (if any) in the space below.

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3. Once a reasonable suspicion testing determination has been made, immediately remove the employee from performing any safety-sensitive functions. Notify the employee that he or she will be placed on administrative leave until the test results are known.
4. The employee must be accompanied by the supervisor to the collection site for testing without delay.
5. **City of Palmer** Code regulation requires that reasonable suspicion testing for alcohol be administered within two (2) hours following the determination to refer the employee for testing. If alcohol testing is not conducted within two hours, document the reason for the delay. If the test is not administered within eight (8) hours, cease all attempts to test and document the reason for the inability to test. Please use the space below to document any delays or inability to test.

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6. Complete and sign this document and send original to Human Resources Department (**Kimberly Green, Human Resource Specialist, 907-761-1302**).

**IMPORTANT: DO NOT TRY TO DIAGNOSE ABUSE OR ADDICTION OR IDENTIFY THE SPECIFIC DRUG ASSOCIATED WITH THE EMPLOYEE'S BEHAVIOR OR APPEARANCE.**