

**GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM**

**CONFIDENTIAL**  
**REASONABLE SUSPICION OBSERVATION CHECKLIST**

**ATTACHMENT D(1)**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Period of Evaluation

\_\_\_\_\_  
Location

\_\_\_\_\_  
Supervisor #1, Name and Telephone Number

\_\_\_\_\_  
Supervisor #2, Name and Telephone Number

This three-page checklist is intended to assist a supervisor in evaluating a person's performance over time. This information may be used to support a reasonable suspicion drug test. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists. Note: If reasonable suspicion exists because of a specific incident, complete the *Reasonable Suspicion Incident Checklist*. See Attachment D(2).

**A. QUALITY AND QUANTITY OF WORK**

**YES**

**NO**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Clear refusal to do assigned tasks                    |
| _____ | _____ | 2. Significant increase in errors                        |
| _____ | _____ | 3. Repeated errors in spite of increased guidance        |
| _____ | _____ | 4. Reduced quantity of work                              |
| _____ | _____ | 5. Inconsistent, "up and down" quality of work           |
| _____ | _____ | 6. Behavior that disrupts work flow                      |
| _____ | _____ | 7. Procrastination on significant decisions or tasks     |
| _____ | _____ | 8. More than usual supervision necessary                 |
| _____ | _____ | 9. Frequent, unsupported explanations for poor work      |
| _____ | _____ | 10. Noticeable change in written or verbal communication |
| _____ | _____ | 11. Other (please specify)_____                          |

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**B. INTERPERSONAL WORK RELATIONSHIP**

<b>YES</b>	<b>NO</b>	
_____	_____	1. Significant change in relations with coworkers/supervisors
_____	_____	2. Frequent or intense arguments
_____	_____	3. Verbal abusiveness
_____	_____	4. Physical abusiveness
_____	_____	5. Persistently withdrawn or less involved with people
_____	_____	6. Intentional avoidance of supervisor
_____	_____	7. Expressions of frustration or discontentment
_____	_____	8. Change in frequency or nature of complaints
_____	_____	9. Complaints by coworkers or subordinates
_____	_____	10. Cynical, "distrustful of human nature" comments
_____	_____	11. Unusual sensitivity to advice or critique of work
_____	_____	12. Unpredictable response to supervision
_____	_____	13. Passive-aggressive attitude or behavior; doing things "behind your back"

**C. GENERAL JOB PERFORMANCE**

<b>YES</b>	<b>NO</b>	
_____	_____	1. Excessive unauthorized absences. Number in 12 months _____
_____	_____	2. Excessive authorized absences. Number in 12 months _____
_____	_____	3. Excessive use of sick leave in last 12 months
_____	_____	4. Frequent Monday/Friday absence or other pattern
_____	_____	5. Frequent unexplained disappearances
_____	_____	6. Excessive "extensions" of breaks or lunch
_____	_____	7. Frequently leaves work early. Number of days per week _____
_____	_____	8. Increased concern about, or actual incident of safety offenses involving employee
_____	_____	9. Experiences or causes job accidents, vehicle incidents
_____	_____	10. Major change in duties or responsibilities
_____	_____	11. Interferes with or ignores established procedures
_____	_____	12. Inability to follow through on job performance recommendations

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**D. PERSONAL MATTERS**

<b>YES</b>	<b>NO</b>	
_____	_____	1. Changes in or unusual personal appearance (dress/hygiene)
_____	_____	2. Changes in or unusual speech (incoherent, stuttering, loud)
_____	_____	3. Changes in or unusual physical mannerisms (gestures/posture)
_____	_____	4. Changes in or unusual facial expressions
_____	_____	5. Changes in or unusual level of activity, much reduced or increased
_____	_____	6. Changes in or unusual topics of conversation
_____	_____	7. Engages in detailed discussions about death, suicide, or harming someone/oneself
_____	_____	8. Increasingly irritable or tearful
_____	_____	9. Persistently boisterous or rambunctious
_____	_____	10. Unpredictable or out-of-context displays of emotions
_____	_____	11. Unusual fears
_____	_____	12. Lacks appropriate caution
_____	_____	13. Engages in detailed discussion about obtaining or using drugs/alcohol
_____	_____	14. Has personal relationship problems
_____	_____	15. Makes unfounded accusations toward others, (i.e., has feeling of persecution)
_____	_____	16. Secretive or furtive
_____	_____	17. Memory problems (difficulty recalling instructions)
_____	_____	18. Frequent colds, flu, or other illness
_____	_____	19. Comes to work with alcohol breath
_____	_____	20. Excessive fatigue
_____	_____	21. Makes unreliable or false statements
_____	_____	22. Unrealistic self-appraisal statements
_____	_____	23. Temper tantrums or angry outbursts
_____	_____	24. Demanding, rigid, inflexible
_____	_____	25. Major changes in physical health
_____	_____	26. Concerns about sexual behavior or sexual harassment

Other information/observations (please be specific). Note the date, time, and location of reasonable cause testing or note if employee refused the test. Attach additional sheet(s) as needed.

\_\_\_\_\_  
Signature of Supervisor #1

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Supervisor #2

\_\_\_\_\_  
Date/Time

**GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM**

**CONFIDENTIAL**  
**REASONABLE SUSPICION INCIDENT CHECKLIST**  
**ATTACHMENT D(2)**

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Employee

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Date/Time of Incident

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Location

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Supervisor #1 Name and Telephone Number

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Supervisor #2 Name and Telephone Number

This three-page checklist is to be completed when an incident has occurred which provides reasonable suspicion that an Employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms, which lead you to reasonable belief that the Employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances, which you have noted. Note: If there are long-term behavioral indicators of substance abuse, please complete the *Reasonable Suspicion Observation Checklist*. See Attachment D(1).

**A. NATURE OF INCIDENT/CAUSE FOR SUSPICION**

- \_\_\_\_\_ 1. Observed/reported possession of a prohibited substance (including passenger complaints)
- \_\_\_\_\_ 2. Apparent drug or alcohol intoxication (explain in Section D Written Summary)
- \_\_\_\_\_ 3. Observed abnormal or erratic behavior
- \_\_\_\_\_ 4. Arrest or conviction for drug related offense
- \_\_\_\_\_ 5. Evidence of tampering on a previous test
- \_\_\_\_\_ 6. Other (e.g., flagrant violation of safety or serious misconduct; accidents or “near miss”; fights or argumentative/abusive language; refusal of supervisor’s instructions; unauthorized absence on the job). Please specify.

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**REASONABLE SUSPICION INCIDENT CHECKLIST**

**B. BEHAVIORAL INDICATORS NOTED**

- \_\_\_\_\_ 1. Verbal abusiveness
- \_\_\_\_\_ 2. Physical abusiveness
- \_\_\_\_\_ 3. Extreme aggressiveness or agitation
- \_\_\_\_\_ 4. Withdrawal, depression, tearfulness, or unresponsiveness
- \_\_\_\_\_ 5. Inappropriate verbal response to questioning or instructions
- \_\_\_\_\_ 6. Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused). Please specify:

\_\_\_\_\_

\_\_\_\_\_

**C. PHYSICAL SIGNS OR SYMPTOMS**

- \_\_\_\_\_ 1. Possessing, dispensing, or using prohibited substance
- \_\_\_\_\_ 2. Slurred or incoherent speech
- \_\_\_\_\_ 3. Unsteady gait, or other loss of physical control, poor coordination
- \_\_\_\_\_ 4. Dilated or constricted pupils or unusual eye movement
- \_\_\_\_\_ 5. Bloodshot or watery eyes
- \_\_\_\_\_ 6. Extreme fatigue or sleeping on the job
- \_\_\_\_\_ 7. Excessive sweating or clamminess of the skin
- \_\_\_\_\_ 8. Flushed or very pale face
- \_\_\_\_\_ 9. Highly excited or nervous
- \_\_\_\_\_ 10. Nausea or vomiting
- \_\_\_\_\_ 11. Odor of alcohol
- \_\_\_\_\_ 12. Odor of marijuana
- \_\_\_\_\_ 13. Disheveled appearance
- \_\_\_\_\_ 14. Dry mouth (frequent swallowing/lip wetting)
- \_\_\_\_\_ 15. Dizziness or fainting
- \_\_\_\_\_ 16. Shaking hands or body tremors/twitching
- \_\_\_\_\_ 17. Breathing irregularity or difficulty breathing
- \_\_\_\_\_ 18. Runny nose or sores around nostrils
- \_\_\_\_\_ 19. Inappropriate wearing of sunglasses
- \_\_\_\_\_ 20. Puncture marks or "tracks"
- \_\_\_\_\_ 21. Other (please specify)\_\_\_\_\_

