Must be completed within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee: |       |  | Period of Evaluation: |       |
| Supervisor #1, Name and Telephone: |       |
| Supervisor #2, Name and Telephone: |       |

This checklist is intended to assist a supervisor in referring a person for drug and/or alcohol testing. Has the employee manifested any of the following behaviors? Indicate (X) if observation and/or documentation exists.

|  |
| --- |
| 1. **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" quantity/quality of work

[ ]  [ ]  6. Behavior that disrupts workflow

[ ]  [ ]  7. Procrastination on significant decisions or task

[ ]  [ ]  8. More than usual supervision necessary

[ ]  [ ]  9. Frequent, unsupported explanations for poor work performance

[ ]  [ ]  10. Noticeable change in written or verbal communication

[ ]  [ ]  11. Other (please specify)

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| 1. **INTERPERSONAL WORK RELATIONSHIPS**
 |

 **Yes No**

[ ]  [ ]  1. Significant change in relations with co-workers, supervisors

[ ]  [ ]  2. Frequent or intense arguments

[ ]  [ ]  3. Verbal/Physical abusiveness

[ ]  [ ]  4. Persistently withdrawn or less involved with people

[ ]  [ ]  5. Intentional avoidance of supervisor

[ ]  [ ]  6. Expressions of frustration or discontent

[ ]  [ ]  7. Change in frequency or nature of complaints

[ ]  [ ]  8. Complaints by co-workers or subordinates

[ ]  [ ]  9. Cynical, "distrustful of human nature" comments

[ ]  [ ]  10. Unusual sensitivity to advice or critique of work

[ ]  [ ]  11. Unpredictable response to supervision

[ ]  [ ]  12. Passive-aggressive attitude or behavior, doing things "behind your back"

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| 1. **GENERAL JOB PERFORMANCE**
 |

 **Yes No**

[ ]  [ ]  1. Excessive unauthorized absences-number in last 12 months

[ ]  [ ]  2. Excessive authorized absences-number in last 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 "extension" of breaks or lunch

[ ]  [ ]  7. Frequently leaves work early-number of days per week or month

[ ]  [ ]  8. Increased concern about (actual incidents) safety offenses involving the employee

[ ]  [ ]  9. Experiences or causes job accidents

[ ]  [ ]  10. Major change in duties or responsibilities

[ ]  [ ]  11. Interferes with or ignores established procedures

[ ]  [ ]  12. Inability to follow through on job performance recommendation

|  |
| --- |
| 1. **PERSONAL MATTERS**
 |

 **Yes No**

[ ]  [ ]  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 (gesture, posture)

[ ]  [ ]  4. Changes in or unusual facial expressions

[ ]  [ ]  5. Changes in or unusual level of activity-much reduced/increased

[ ]  [ ]  6. Changes in or unusual topics of conversation

[ ]  [ ]  7. Engages in detailed discussions about death, suicide, harming others

[ ]  [ ]  8. Increasingly irritable or tearful

[ ]  [ ]  9. Persistently boisterous or rambunctious

[ ]  [ ]  10. Unpredictable or out-of-context displays of emotion

[ ]  [ ]  11. Unusual fears or lacks appropriate caution

[ ]  [ ]  12. Engages in detailed discussion about obtaining/using drugs/alcohol

[ ]  [ ]  13. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)

[ ]  [ ]  14. Has received professional assistance for emotional or physical problems

[ ]  [ ]  15. Makes unfounded accusations toward others, i.e., has feelings of persecution

[ ]  [ ]  16. Secretive or furtive

[ ]  [ ]  17. Memory problems (difficulty recalling instructions, data, past behaviors)

[ ]  [ ]  18. Frequent colds, flu, excessive fatigue, or other illnesses

[ ]  [ ]  19. Makes unreliable or false statements

[ ]  [ ]  20. Unrealistic self-appraisal or grandiose statements

[ ]  [ ]  21. Temper tantrums or angry outbursts

[ ]  [ ]  22. Demanding, rigid, inflexible

[ ]  [ ]  23. Major change in physical health

[ ]  [ ]  24. Concerns about sexual behavior or sexual harassment

|  |
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| 1. **PYSICAL INDICATORS**
 |

 **Yes No**

[ ]  [ ]  1. Smell of alcohol on breath of person?

[ ]  [ ]  2. Speech:

 [ ]  Slurred?

 [ ]  Confused?

 [ ]  Fragmented?

 [ ]  Slow?

 [ ]  Unusually soft?

 [ ]  Unusually loud?

[ ]  [ ]  3. Disorientation: Is employee confused about:

 [ ]  Where he or she is?

 [ ]  What day it is?

 [ ]  What time it is?

[ ]  [ ]  4. Apparent inability to focus on work?

[ ]  [ ]  5. Unusual or unexplained resistance to authority or refusal to follow reasonable directions?

[ ]  [ ]  6. Lack of motor coordination?

[ ]  [ ]  7. Mood:

 [ ]  Belligerent?

 [ ]  Moody?

 [ ]  Ecstatic?

 [ ]  More nervous than usual?

 [ ]  Giddy?

 [ ]  Talkative?

 [ ]  Drowsy?

|  |
| --- |
| 1. **PYSICAL INDICATORS (continued)**
 |

**Yes No**

[ ]  [ ]  8. Skin color

 [ ]  Pale?

 [ ]  Flushed?

[ ]  [ ]  9. Excessive perspiration?

[ ]  [ ]  10. Excessive trips to the restroom?

[ ]  [ ]  11. Bloodshot eyes?

[ ]  [ ]  12. Dilated pupils?

[ ]  [ ]  13. Pinpoint pupils?

[ ]  [ ]  14. Traces of alcohol in containers?

[ ]  [ ]  15. Confession by employee that he/she was drinking alcohol or ingesting drugs?

[ ]  [ ]  16. Confirmation by other employees?

[ ]  [ ]  17. Presence of substances with the appearance of drugs?

[ ]  [ ]  18. Presence of drug paraphernalia?

[ ]  [ ]  19. Smell of marijuana?

[ ]  [ ]  20. Congregation of employees in remote areas of the company’s facilities or in areas not usually

 frequented by employees?

[ ]  [ ]  21. Weariness, fatigue, or exhaustion?

[ ]  [ ]  22. Deteriorating physical appearance?

[ ]  [ ]  23. Yawning excessively?

[ ]  [ ]  24. Blank stare or expression?

[ ]  [ ]  25. Sudden and/or unpredictable change in energy level?

[ ]  [ ]  26. Unusually energetic?

[ ]  [ ]  27. Shaking or trembling of hands?

[ ]  [ ]  28. Sunglasses worn at inappropriate times?

[ ]  [ ]  29. Changes in appearance after lunch break?

[ ]  [ ]  30. Breathing or swallowing difficulties?

[ ]  [ ]  31. Unusual sneezing / nasal congestion?

[ ]  [ ]  32. Needle marks on arms?

[ ]  [ ]  33. Prolonged lunch hours?

[ ]  [ ]  34. Tardiness?

Other information/observations (Please be specific, attach additional sheet as needed).

**Additional Comments:**

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| --- | --- | --- |
|       |  |       |
| SUPERVISOR #1 (print name) |  | SUPERVISOR #2 (print name) |
|  |  |       |  |  |  |       |
| SUPERVISOR #1 (Signature)  |  | DATE |  | SUPERVISOR #2 (Signature)  |  | DATE |

**Reasonable Cause / Suspicion Supervisor Written Record**

[ ]  CDL (FMCSA)

[ ]  Pipeline (PHMSA)

[ ]  United States Coast Guard (USCG)

[ ]  Non-DOT (NDOT) / Company Policy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee’s Name: |       |  | Department: |       |
| Job Title: |       |  | Date: |       |  | Time: |       |

1. EBT Breath Alcohol testing not completed within two (2) hours of the Reasonable Cause/Suspicion situation because: *(Examples – EBT device not available, Breath Alcohol Technician not available)*

|  |
| --- |
|       |

1. EBT Breath Alcohol testing not completed within eight (8) hours because: *(Examples – EBT device not available, Breath Alcohol Technician not available)*

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|  |  |  |
| --- | --- | --- |
|       |  |       |
| SUPERVISOR #1 (print name) |  | SUPERVISOR #2 (print name, if applicable) |
|  |  |       |  |  |  |       |
| SUPERVISOR #1 (Signature) |  | DATE |  | SUPERVISOR #2 (Signature) |  | DATE |

**\*\*\* IMPORTANT \*\*\***

The “Reasonable Cause/Suspicion Supervisor Written Record” is required when testing is not conducted timely.

This document, along with the “Reasonable Cause/Suspicion Observation Checklist”, must be provided to your Human Resources Representative.