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

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| --- | --- | --- | --- | --- | --- |
| 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.

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| 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 Persistently withdrawn or less involved with people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

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| 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?

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| 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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)*

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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.