

REASONABLE SUSPICION DRUG/ALCOHOL TESTING CHECKLIST

Applies to: RESIDENTS of UTCOM Chattanooga

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the FITNESS FOR PRACTICE AND DRUG TESTING POLICY and may be used to implement the UTHSC Drug-Free Workplace policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as witness, must each complete the checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____

Time: _____ a.m. / p.m.

Name of observed individual (Print): _____ Employee ID#: _____

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

WALKING <input type="checkbox"/> Holding on <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other _____	FACE <input type="checkbox"/> Red/flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Appears normal <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Other _____	SPEECH <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Other _____	BREATH/ODOR <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> None Gum <input type="checkbox"/> Mints Candy <input type="checkbox"/> Other _____
STANDING <input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Other _____	EYES <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy eye lids <input type="checkbox"/> Appear normal	MOVEMENTS <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	APPEARANCE <input type="checkbox"/> Messy <input type="checkbox"/> Dirty/stained clothing <input type="checkbox"/> Burns on person/clothing <input type="checkbox"/> Ripped/torn clothing <input type="checkbox"/> Partially dressed <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Appears normal

Behavioral Indicators:

DEMEANOR <input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Anxious <input type="checkbox"/> Disoriented <input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite <input type="checkbox"/> Silent <input type="checkbox"/> Belligerent <input type="checkbox"/> Excited <input type="checkbox"/> Inattentive <input type="checkbox"/> Drowsy	<input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Appears normal <input type="checkbox"/> Other _____	ACTIONS <input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Non-communicative <input type="checkbox"/> Argumentative	<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Other _____
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Comments and other observations: _____

Additional facts:

____ Presence of alcohol and/or drugs in individual's possession or vicinity
____ On the job misconduct by individual (specify) _____
____ Individual admission concerning alcohol use and/or drug use or possession
____ List other witnesses to individual's conduct and summarize what they say they witnessed below
____ Individual declined to comment, or Individual's explanation for behavior _____

Completed by (signature): _____ Date: _____ Time: _____ a.m./p.m.

(Printed name): _____ Title: _____