

# REASONABLE SUSPICION INCIDENT CHECKLIST

\_\_\_\_\_  
Employee's Full Name

\_\_\_\_\_  
Date / Time of Observation

\_\_\_\_\_  
Supervisor's Full Name & Telephone

\_\_\_\_\_  
Date of Supervisor's Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor trained in accordance with FBC and USDOT Agency regulations for reasonable suspicion/cause determination requirements – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

## A. Nature of Incident / Cause for Suspicion

- \_\_\_1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
- \_\_\_2. Apparent drug or alcohol intoxication.
- \_\_\_3. Observed drug or alcohol intoxication.
- \_\_\_4. Arrest for drug-related offense
- \_\_\_5. Other (e.g. flagrant violation of safety or serious misconduct, accident or 'near miss,' fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. Behavioral Indicators

- \_\_\_1. Verbal abusiveness
- \_\_\_2. Physical abusiveness
- \_\_\_3. Extreme aggressiveness or agitation
- \_\_\_4. Withdrawal, depression, tearfulness, or responsiveness
- \_\_\_5. Inappropriate verbal responses to questioning or instruction
- \_\_\_6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

\_\_\_\_\_  
\_\_\_\_\_

**C. Physical Signs and Symptoms**

- \_\_\_1. Possession, dispensing, or using prohibited substance
- \_\_\_2. Slurred or incoherent speech
- \_\_\_3. Unsteady gait or other loss of physical control, poor conditioning
- \_\_\_4. Dilated or constricted pupils or unusual eye movement
- \_\_\_5. Bloodshot or watery eyes
- \_\_\_6. Extreme aggressiveness or agitation
- \_\_\_7. Excessive sweating or clamminess of skin
- \_\_\_8. Flushed or very pale face
- \_\_\_9. Highly excited or nervous
- \_\_\_10. Nausea or vomiting
- \_\_\_11. Disheveled appearance or out of uniform
- \_\_\_12. Odor of alcohol
- \_\_\_13. Odor of Marijuana
- \_\_\_14. Dry mouth (frequent swallowing/lip wetting)
- \_\_\_15. Shaking hands or body tremors/twitching
- \_\_\_16. Dizziness or fainting
- \_\_\_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 (Specify)\_\_\_\_\_

**D. Written Summary**

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

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The above document of physical, behavioral, and performance indicators of the named employee were observed by:

\_\_\_\_\_  
Supervisor's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date