

Staffing Resources Reasonable Suspicion Observation Form

Employee Name:	Date Observed:
Social Security Number:	Location Observed:

This checklist must be completed when an employee of Staffing Resources is suspected of drug or alcohol use. A supervisor or approved representative of our Client shall note all pertinent behavior and physical signs or symptoms that led the supervisor and/or representative to reasonably believe the employee is under the influence of alcohol or a prohibited drug substance. If possible, please arrange for a second witness to confirm the observed behaviors.

A. Cause for Suspicion

- Observed possession or use of a controlled substance and/or paraphernalia (specify): _____
- Observed abnormal or erratic behavior.

B. Observed Personal Behavior Checklist

Appearance	<input type="checkbox"/> Normal <input type="checkbox"/> Disheveled <input type="checkbox"/> Profuse Sweating <input type="checkbox"/> Dilated/Constricted pupils	<input type="checkbox"/> Flushed <input type="checkbox"/> Bloodshot Eyes <input type="checkbox"/> Puncture Marks <input type="checkbox"/> Tremors / shaking	<input type="checkbox"/> Pale <input type="checkbox"/> Having odor <input type="checkbox"/> Inappropriate wearing of sunglasses
Breath	<input type="checkbox"/> Alcohol odor	<input type="checkbox"/> Marijuana odor	<input type="checkbox"/> Vomit odor
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Confused <input type="checkbox"/> Slurred	<input type="checkbox"/> Mumbled <input type="checkbox"/> Incoherent <input type="checkbox"/> Slowed	<input type="checkbox"/> Silent <input type="checkbox"/> Shouting <input type="checkbox"/> Rambling
Awareness	<input type="checkbox"/> Normal <input type="checkbox"/> Disoriented <input type="checkbox"/> Sad / crying	<input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Paranoid	<input type="checkbox"/> Euphoria <input type="checkbox"/> Drowsy <input type="checkbox"/> Hyperactive <input type="checkbox"/>
Attitude	<input type="checkbox"/> Normal <input type="checkbox"/> Excited <input type="checkbox"/> Care Free <input type="checkbox"/> Cooperative	<input type="checkbox"/> Combative <input type="checkbox"/> Talkative <input type="checkbox"/> Profane <input type="checkbox"/> Calm	<input type="checkbox"/> Insulting <input type="checkbox"/> Polite <input type="checkbox"/> Mood swings <input type="checkbox"/> Hilarious
Motor Skills Balance:	<input type="checkbox"/> Normal <input type="checkbox"/> Swaying	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering	<input type="checkbox"/> Shaky <input type="checkbox"/> Slow
Walking & Turning	<input type="checkbox"/> Stumbling <input type="checkbox"/> Needs support	<input type="checkbox"/> Staggering <input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady <input type="checkbox"/> Falling
Other Behaviors			

C. Written Summary

Summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted on this form.

D. Supervisor’s and/or Approved Representatives Opinion

The observable behaviors noted cause me to believe that there is a safety concern. If I believe this to be an immediate concern I should stop employee from working and prevent them from operating any equipment where there would be foreseeable danger. Based upon my observations as noted on this checklist, I recommend that an alcohol and/or drug test be administered. Employee should not be allowed to drive to our approved testing facility. Transportation can be provided by our Client or by Staffing Resources. Staffing Resources will reimburse the cost of utilizing public transportation such as a taxi service.

E. Witnesses

My signature below indicates the above statements are true and accurate to the best of my knowledge, and I agree with the Supervisor’s and/or Representative Opinion (Section D.) of this form.

Supervisor / Approved Representative Signature	Title	Date
2 nd Witness Signature	Title	Date

This document is to be prepared and signed by the witnesses within 24 hours of the observed behavior.