

University of Idaho

Reasonable Suspicion Determination Checklist

Employee Name: _____ V#: _____

Department: _____ Work Phone: _____

Date of Observation: _____ Time of Observation: _____

Observing Supervisor's Name: _____

2nd Observing Supervisor's Name: _____

Supervisors: Document all pertinent behavior and physical signs and symptoms that leads you to reasonably believe the employee has recently used, or is under the influence of, alcohol and/or a prohibited controlled substance. Mark any applicable items on this form and describe in detail any additional facts or circumstances you have noted.

PHYSICAL SIGNS AND/OR SYMPTOMS

Observable Indicators

*Please check all indicators listed below that are **CURRENTLY** present.*

Patterns of unusual behavior may occur but must be accompanied by one or more of the following observable and documented indicators of impairment to establish "reasonable cause."

- Presence or possession of substance that appears to be drugs or alcohol
- Presence or possession of paraphernalia that appears to be drug or alcohol related
- Odor of alcohol
- Odor of marijuana
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess to the skin
- Flushed skin
- Highly excitable or nervous
- Nausea or vomiting
- Unsteady bearing or other loss of physical control
- Slurred or incoherent speech
- Dizziness or fainting
- Shaking hands or body tremors/twitching
- Irregular or difficulty breathing
- Runny nose or sores around nostrils
- Inappropriate wearing of sun glasses
- Needle marks or "tracks"

DETERMING REASONABLE CAUSE

If you are able to document one or more of the observable indicators included on this form, ask yourself the following questions to establish reasonable cause.

Do not proceed with reasonable cause testing unless you can answer all of the following with a YES!

- 1. Has some form of impairment been shown in the employee’s appearance, actions and/or work performance? Yes No
- 2. Does the impairment result from the possible use of drugs and/or alcohol? Yes No
- 3. Are the facts reliable? Did you personally witness the situation? Yes No
- 4. Are the facts capable of explanation? Yes No
- 5. Are the facts capable of documentation? Yes No
- 6. Is the impairment current? Yes No

Reasonable cause established

Reasonable cause NOT established

Signature of Observing Supervisor: _____ Date: _____

Signature of 2nd Observing Supervisor: _____ Date: _____

Supervisor Instructions:

- 1. If reasonable suspicion has been determined, arrange for testing following college protocol (refer to Flow Chart 1), and notify the Human Resources Department at 208.885.3638
- 2. Regardless of determination, send this original checklist with all applicable documentation within **24 hours** of the incident or accident to: Human Resources, MS 444332 or Fax (and then shred) to 208.885.3602. Call your HR Business Partner immediately. **Do not retain a copy for your records.**

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT	
Employee underwent: <input type="checkbox"/> alcohol test <input type="checkbox"/> drug test at _____ <input type="checkbox"/> am <input type="checkbox"/> pm on _____(MM/DD/YYYY)	
Test was conducted at the following location:	
Employee refused to test: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee was referred to EAP: <input type="checkbox"/> Yes <input type="checkbox"/>