

**Short-Term Indicator Checklist**

**REASONABLE -CAUSE INCIDENT CHECKLIST  
(STRICTLY CONFIDENTIAL)**

EMPLOYEE:

DATE/TIME OF INCIDENT:

SUPERVISOR #1, NAME AND TELEPHONE:

SUPERVISOR #2, NAME AND TELEPHONE:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances which you have noted. (Note: if there are long-term behavioral indicators of substance abuse, please complete the Reasonable-Cause Employee Observation Checklist.)

**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 abnormal or erratic behavior
- 4. Arrest or conviction for drug-related offense
- 5. Evidence of tampering on a previous drug test
- 6. 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)

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**B. Behavioral Indicators Noted**

- 1. Verbal abusiveness
- 2. Physical abusiveness
- 3. Extreme aggressiveness or agitation
- 4. Withdrawal, depression, tearfulness, or unresponsiveness
- 5. Inappropriate verbal response to questioning or instructions
- 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, talkativeness, confusion) (please specify)

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**C. Physical Signs or Symptoms**

- 1 Possessing, dispensing, or using prohibited substance
- 2 Slurred or incoherent speech
- 3 Unsteady gait or other loss of physical control, poor coordination
- 4 Dilated or constricted pupils or unusual eye movement
- 5 Bloodshot or water eyes
- 6 Extreme fatigue or sleeping on the job
- 7 Excessive sweating or clamminess of skin
- 8 Flushed or very pale face
- 9 Highly excited or nervous
- 10 Nausea or vomiting
- 11 Odor of alcohol
- 12 Odor of marijuana
- 13 Disheveled appearance or out of uniform
- 14 Dry mouth (frequent swallowing/lip wetting)
- 15 Dizziness or fainting
- 16 Shaking hands or body tremors/twitching
- 17 Breathing irregularity or difficulty breathing
- 18 Runny nose or sores around nostrils
- 19 Inappropriate wearing of sunglasses
- 20 Other (please specify)

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**D. Written Summary**

Please summarize the facts and circumstances of the incident, employee responses, supervisor actions taken, and any other pertinent information not previously noted. Please note the date, times and location of reasonable-cause testing or note if employee refused the test. Attach additional sheets as needed

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<hr/> <b>SIGNATURE OF SUPERVISOR #1</b> <b>DATE</b>	<hr/> <b>SIGNATURE OF SUPERVISOR #2</b> <b>DATE</b>
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**Long-Term Indicator Checklist**

**REASONABLE CAUSE OBSERVATION CHECKLIST  
(STRICTLY CONFIDENTIAL)**

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 testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists.

**A. QUALITY AND QUANTITY OF WORK**

- 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 or quality of work
- 6. Behavior that disrupts work flow
- 7. Procrastination on significant decisions or tasks
- 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) \_\_\_\_\_

**B. INTERPERSONAL WORK RELATIONSHIPS**

- 1. Significant change in relations with co-workers, supervisors, others
- 2. Frequent or intense arguments
- 3. Verbal abusiveness
- 4. Physical abusiveness
- 5. Persistently withdrawn or less involved with people
- 6. Intentional avoidance of supervisor
- 7. Expressions of frustration or discontent
- 8. Change in frequency or nature of complaints
- 9. Compliant by co-workers or subordinates
- 10. Cynical, "distrustful of human nature" comments
- 11. Unusual sensitivity to advice or critique of work
- 12. Unpredictable response to supervision
- 13. Passive-aggressive attitude or behavior, doing things "behind your back"

**C. GENERAL JOB PERFORMANCE**

- 1. Excessive unauthorized absences – number in last 12 months \_\_\_\_\_
- 2. Excessive authorized absences – number in last 12 months \_\_\_\_\_
- 3. Excessive use of sick leave – number in last 12 months \_\_\_\_\_
- 4. Frequent Monday/Friday absence or other pattern
- 5. Frequent unexplained disappearances

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- 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 of 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

#### D. PERSONAL MATTERS

- 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 \_\_\_\_\_ or increased \_\_\_\_\_
- 6. Changes in or unusual topics of conversation
- 7. Engages in detailed discussions about death, suicide, or harming someone
- 8. Increasingly irritable or tearful
- 9. Persistently boisterous or rambunctious
- 10. Unpredictable or out-of-context displays of emotion
- 11. Unusual fears
- 12. Lacks appropriate caution
- 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
- 14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- 15. Has received professional assistance for emotional or physical problems
- 16. Makes unfounded accusations towards others, i.e., has feelings of persecution
- 17. Secretive or furtive
- 18. Memory problems (difficulty recalling instructions, data, past behaviors)π
- 19. Frequent colds, flu, or other illnesses
- 20. Comes to work with alcohol on breath
- 21. Excessive fatigue
- 22. Makes unreliable or false statements
- 23. Unrealistic self-appraisal, or grandiose statements
- 24. Temper tantrums or angry outbursts
- 25. Demanding, rigid, inflexible
- 26. Major change in physical health
- 27. Concerns about sexual behavior or sexual harassment

SIGNATURE OF SUPERVISOR #1      DATE

SIGNATURE OF SUPERVISOR #2      DATE