



ACLINE HR

Employee Leasing the Way it Should Be... **SIMPLE SAFE SECURE**

REASONABLE SUSPICION CHECKLIST

Company Name:			
Observed Employee:			
Location:			
Time:	_____ a.m.	_____ p.m.	Date:

Observation Checklist: (select all that apply)

Walking	Standing	Speech	Demeanor
<input type="checkbox"/> Falling <input type="checkbox"/> Holding On <input type="checkbox"/> Staggering <input type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unable to Walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Other: _____	<input type="checkbox"/> Feet Wide Apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Staggering at Knees <input type="checkbox"/> Swaying <input type="checkbox"/> Unable to Stand <input type="checkbox"/> Other: _____	<input type="checkbox"/> Incoherent <input type="checkbox"/> Mute <input type="checkbox"/> Shouting <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Whispering <input type="checkbox"/> Other: _____	<input type="checkbox"/> Argumentative <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Excited <input type="checkbox"/> Polite <input type="checkbox"/> Sarcastic <input type="checkbox"/> Sleepy <input type="checkbox"/> Sleeping on Job <input type="checkbox"/> Talkative <input type="checkbox"/> Other: _____
Actions	Eyes	Face	Appearance/Clothing
<input type="checkbox"/> Calm <input type="checkbox"/> Drowsy <input type="checkbox"/> Erratic <input type="checkbox"/> Fighting <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Profanity <input type="checkbox"/> Resisting Communication <input type="checkbox"/> Threatening <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Closed <input type="checkbox"/> Dilated <input type="checkbox"/> Droopy <input type="checkbox"/> Glassy <input type="checkbox"/> Watery <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Other: _____	<input type="checkbox"/> Body Excrement Stains <input type="checkbox"/> Body Odor <input type="checkbox"/> Dirty <input type="checkbox"/> Messy <input type="checkbox"/> Neat <input type="checkbox"/> Partially Dressed <input type="checkbox"/> Stains on Clothing <input type="checkbox"/> Unruly <input type="checkbox"/> Other: _____
Breath	Movements	Miscellaneous	
<input type="checkbox"/> Alcoholic Odor <input type="checkbox"/> Faint Alcoholic Odor <input type="checkbox"/> Heavy Use Breath Spray <input type="checkbox"/> No Alcoholic Odor <input type="checkbox"/> Sweet/Pungent Tobacco Odor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Other: _____	<input type="checkbox"/> Admission to using alcohol use and/or drug use/possession. <input type="checkbox"/> On-the-job misconduct by employee. <input type="checkbox"/> Presence of alcohol and/or drugs in possession or vicinity. <input type="checkbox"/> If there are witnesses to employee's conduct, list below: <input type="checkbox"/> Other (List below)	

Miscellaneous Other: (Attach separate sheet of paper if needed.).



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REASONABLE SUSPICION CHECKLIST CONTINUED

Other Observations (if accident, please provide **details**. Attach separate sheet of paper if needed.).

Employee's Explanation of Reasons for his/her Conduct. (Attach separate sheet of paper if needed.)

CONFIDENTIAL

Employee has agreed to testing. Employee has NOT agreed to testing.

Supervisor/Manager Signature:		Date:
Witness Signature:		Date:

Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950

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