

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)

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)

CONTACT HUMAN RESOURCES AFTER COMPLETING THIS FORM.

Short-Term Indicator Checklist

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)

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.

SIGNATURE OF SUPERVISOR #1 DATE

SIGNATURE OF SUPERVISOR #2 DATE

CONTACT HUMAN RESOURCES AFTER COMPLETING THIS FORM.