Reasonable Suspicion Checklist

Date: ___________________       __

Time of Observation: ______________________ (From – To)

Observed Behavior(s):
(Check all that apply)

☐ Slurred Speech
☐ Disorientation
☐ Nausea/Vomiting
☐ Bloodshot/Watery Eyes
☐ Dangerous Behavior
☐ Driving Erratically
☐ Insubordinate
☐ Aggravated/Belligerent
☐ Unusually Excited/Nervous
☐ Extreme Fatigue/Sleepiness on Job
☐ Unusual wear of shaded glasses
☐ Odor of Alcohol/Marijuana
☐ Poor Coordination
☐ Pale/Clammy Skin
☐ Unusual Eye Movement/Dilation/Constriction
☐ Dry Mouth
☐ Post-Accident

Other_________________________________________

Notes:______________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

First Observer__________________________

Second Observer_______________________

(Signature)                                                                                           (Signature)