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Clark College
Reasonable Suspicion Determination Checklist
(Confidential)

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Date_____ Employee Name_____

SID #_____ Department_____Work Phone_____

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.

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REASONABLE SUSPICION OBSERVATIONS

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UNUSUAL BEHAVIOR(S)
Observable Warning Signs
check all that apply

☐ Withdrawn, depressed, moody and/or unresponsive

☐ Avoidance of supervisor and/or coworkers

☐ Inappropriate verbal response to questioning or instructions

☐ Extreme aggressiveness or agitation, suspicious, argumentative

☐ Verbal abusiveness

☐ Physical abusiveness

☐ Increase in absenteeism, tardiness and/or use of unscheduled vacation or leave time

☐ Increase in unnecessary time away from work station

☐ Unexplained disappearances from work station

☐ Higher than average accident rate on and off the job

☐ Inconsistency in quality of work

☐ Increased difficulty in handling complex situations

☐ Other erratic or inappropriate behavior (confusion, carelessness, difficulty recalling instructions)

PHYSICAL SIGNS AND/OR SYMPTOMS
Observable Indicators
check all that apply

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."

Please check all indicators listed below that are CURRENTLY present

☐ Possession of substance that appears to be drugs or alcohol

☐ 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 gait 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"

WRITTEN SUMMARY

Summarize the facts and circumstances of the incident or accident, employee response, supervisor actions, or any other pertinent information not previously noted on this form. Attach additional sheets as needed._____

_____

_____

_____

_____

_____

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 360.992.2105
2. Regardless of determination, send this original checklist with all applicable documentation within **24 hours** of the incident or accident to: Human Resources, Baird Building 133. **Do not retain a copy for your records.**

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT
Employee underwent: ☐alcohol test ☐drug test at_____ ☐am ☐pm on_____(MM/DD/YYYY)
Test was conducted at the following location:_____
Employee refused to test: ☐Yes ☐No