

**REASONABLE SUSPICION INCIDENT CHECKLIST  
(STRICTLY CONFIDENTIAL)**

NAME of PARTICIPANT FOR WHOM YOU ARE REPORTING: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

VAN # OR CARPOOL: \_\_\_\_\_

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that a participant 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 participant 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.

**A. Nature of Incident/Cause for Suspicion**

	1. Observed/reported possession or use of a prohibited substance
	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 (i.e., flagrant violation of safety or serious misconduct, accident, fighting, abusive language, etc.) 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 (i.e., disorientated, talkativeness, confused, etc.) Please specify.

**C. Physical Signs or Symptoms**

	1. Possessing, dispensing, or using prohibited substances.
	2. Slurred or incoherent speech.
	3. Unsteady gait or other loss of physical control
	4. Dilated or constricted pupils or unusual eye movement
	5. Bloodshot or watery eyes
	6. Extreme fatigue
	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)
	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. Puncture marks or "tracks"
	21. Other (please specify)

**D. Written Summary**

Please summarize the facts and circumstances of the incident, participant response, supervisor actions taken, and any other pertinent information not previously noted. Attach additional sheets as needed.

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