Texas Department of Criminal Justice

Reasonable Suspicion Determination Checklist

(Confidential)

Date/Time of Incident or Work-Related Accident: _____

Employee's Name: _____ (Please Print: Last First MI)

Employee's Month/Day of Birth: _____ (mm/dd)

Unit or Department: _____

Work Phone #: ( ) _____ (Area Code)

Observing Supervisor's Name: _____ (Please Print: Last First MI)

Observing Supervisor's Month/Day of Birth: _____ (mm/dd)

Second Observing Supervisor's Name: _____ (if applicable) (Please Print: Last First MI)

Second Observing Supervisor's Month/Day of Birth: _____ (if applicable) (mm/dd)

This checklist shall be completed whenever an incident or a work-related accident has occurred and there is reasonable suspicion that an employee is under the influence of alcohol or a prohibited drug substance. The employee's supervisor shall note all pertinent behavior and physical signs or symptoms that lead the supervisor to reasonably believe the employee has recently used or is under the influence of alcohol or a prohibited drug substance. The supervisor shall mark each applicable item on this form and describe any additional facts or circumstances that the supervisor noted.

	Questions	Yes	No
1.	Has the employee exhibited behavior that indicated the employee was under the influence of alcohol or drugs? If yes, mark applicable items in Sections A, B, and C and describe behavior in Section D.	☐	☐
2.	Was the employee the subject of a positive reading from electronic drug detection equipment?	☐	☐
3.	Was there a positive reaction from a narcotic detection canine to the employee's property?	☐	☐

Time Limits: Alcohol or drug tests shall be administered as soon as practicable following the accident or incident.

a. Alcohol Tests: If an alcohol test is not administered within eight hours following the accident or incident, attempts to administer an alcohol test shall cease and the SCO shall document the reasons the test was not administered.

b. Drug Tests: If a drug test is not administered within 32 hours following the accident or incident, attempts to administer a drug test shall cease, and the SCO shall document the reasons the test was not administered.

REASONABLE SUSPICION OBSERVATIONS

A. NATURE OF THE ACCIDENT OR INCIDENT OR CAUSE FOR SUSPICION

- ☐ 1. Observed or reported possession or use of a controlled substance
- ☐ 2. Observed or reported possession or consumption of alcohol while on the job
- ☐ 3. Observed or reported to work under the influence of alcohol as outlined in the policy
- ☐ 4. Observed abnormal or erratic behavior
- ☐ 5. Other,* such as flagrant violation of safety regulations, serious fighting, argumentative or abusive language, refusal of supervisor instruction, unauthorized absence on the job
- ☐ 6. A positive reading from electronic drug detection equipment
- ☐ 7. A positive reaction from a narcotic detection canine to an employee's property

*Specify exact other behavior:

B. UNUSUAL BEHAVIOR

- ☐ 1. Verbal abusiveness
- ☐ 2. Physical abusiveness
- ☐ 3. Extreme aggressiveness or agitation
- ☐ 4. Withdrawal, depression, mood changes, or unresponsiveness
- ☐ 5. Inappropriate verbal response to questioning or instructions
- ☐ 6. Other erratic or inappropriate behavior,* such as hallucinations, disorientation, excessive euphoria, confusion

*Specify exact other behavior:

C. PHYSICAL SIGNS OR SYMPTOMS

- ☐ 1. Possessing, dispensing, or using controlled 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 watery eyes
- ☐ 6. Extreme fatigue or sleeping on the job
- ☐ 7. Excessive sweating or clamminess to the 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. Dry mouth, such as frequent swallowing or lip wetting
- ☐ 14. Dizziness or fainting
- ☐ 15. Shaking hands, body tremors, or twitching
- ☐ 16. Irregular or difficult breathing
- ☐ 17. Runny nose or sores around nostrils
- ☐ 18. Inappropriate wearing of sunglasses
- ☐ 19. Puncture marks or "tracks"
- ☐ 20. Other*

*Specify other physical signs or symptoms:

D. WRITTEN SUMMARY

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

Signature of Observing Supervisor: _____ Date: _____ (MM/DD/YYYY)

Signature of Second Observing Supervisor: (if applicable) _____ Date: _____ (MM/DD/YYYY)

Title	Date	Initials	Statement	Yes	No
Observing Supervisor			Based upon my observations as noted on this checklist, I recommend that an alcohol or drug test be administered in accordance with PD-17, "Drug-Free Workplace."	☐	☐
Second Observing Supervisor (if applicable)			Based upon my observations as noted on this checklist, I recommend that an alcohol or drug test be administered in accordance with PD-17, "Drug-Free Workplace."	☐	☐
SCO			Based upon the observations as noted on this checklist and upon my discussion with the observing supervisor(s), I recommend that an alcohol or drug test be administered in accordance with PD-17, "Drug-Free Workplace."	☐	☐
Manager, Warden, or Director			Based upon my discussion with the SCO on _____ (MM/DD/YYYY), I verbally authorized an alcohol or drug test be administered in accordance with PD-17, "Drug-Free Workplace."	☐	☐

Supervisor Instructions:

1. **After contacting the SCO via telephone or in person, immediately fax, email, or hand carry a copy of this checklist to the SCO.**
2. **Mail the original checklist with all applicable documentation to the SCO within 48 hours after the incident or accident. Do <u>not</u> retain a copy.**

TO BE COMPLETED BY THE SCO
Employee underwent ☐ alcohol test ☐ drug test at _____ ☐ a.m. ☐ p.m. on _____ (MM/DD/YYYY)
Test was conducted at the following location: _____
Employee refused to test: ☐ Yes ☐ No