

Rock Valley College

Drug and Alcohol-Free Workplace Procedure

RVC Administrative Procedure (3:10.110)

Reasonable Suspicion Observation Checklist

Name of Employee: _____ Date: _____

Job Title: _____ Location/Department: _____

Prior to sending any employee for drug or alcohol testing due to a reasonable suspicion, this form must be completed by two members of management who have had a first-hand observation or conversation with the employee. In rare situations, a second member of management may not be available to witness the behavior. If the employee is in a safety sensitive area, remove them from work immediately until a second observer can talk with the employee and/or a decision can be made on whether testing is necessary.

When completing the following document, list all observations you noticed. Be as specific as possible including names of employees/witnesses, when and where you noticed these behaviors occurring, what the employee was doing at the time and any witnesses of these events. Include any observations or changes in appearance, smell, speech, movement or actions of the employee. Some signs of impairment may include slurred speech, difficulty walking, clumsiness, dilated pupils, watery and/or red eyes.

First Observer Name: _____

Job Title: _____ Date: _____

Observations: _____

Signature: _____

Second Observer Name: _____

Job Title: _____ Date: _____

Observations: _____

Signature: _____

