

County of Gloucester
Human Resources Manual

CHAPTER:	7 – CONDUCT AND PERFORMANCE	ADOPTED: 9/7/11
SECTION:	6 - DRUGS AND ALCOHOL	REVISED:

EXHIBIT M – REASONABLE SUSPICION CHECKLIST

This form is to be used to substantiate and document the objective facts and circumstances leading to a reasonable suspicion determination. The supervisor or designee as well as a witness should complete the checklist below.

<p>A Incident / Cause for Suspicion</p> <p><input type="checkbox"/> Apparent drug or alcohol intoxication</p> <p><input type="checkbox"/> Abnormal or erratic behavior</p> <p><input type="checkbox"/> Observed/reported possession dispensation or use of prohibited substance</p> <p><input type="checkbox"/> Arrest or conviction for drug related offense(s)</p> <p>B Body Behavior</p> <p><input type="checkbox"/> Nausea or vomiting</p> <p><input type="checkbox"/> Extreme fatigue / sleeping on job</p> <p><input type="checkbox"/> Dizziness or fainting</p> <p><input type="checkbox"/> Highly excited or nervous</p> <p><input type="checkbox"/> Odor of alcohol</p> <p>C Body Appearance</p> <p><input type="checkbox"/> Either very flushed or very pale</p> <p><input type="checkbox"/> Excessive sweating or skin clamminess</p> <p><input type="checkbox"/> Dry mouth, frequent swallowing, wetting lips frequently</p> <p><input type="checkbox"/> Disheveled appearance / out of uniform</p> <p>D Speech</p> <p><input type="checkbox"/> Slurred or incoherent speech</p> <p><input type="checkbox"/> Repetitious, rambles</p>	<p>E Body Movements</p> <p><input type="checkbox"/> Unsteady walk, poor coordination</p> <p><input type="checkbox"/> Shaking hands/body tremors, twitches</p> <p><input type="checkbox"/> Breathing irregularly - or with difficulty</p> <p><input type="checkbox"/> Loss of physical control</p> <p>F Eye</p> <p><input type="checkbox"/> Bloodshot or watery</p> <p><input type="checkbox"/> Dilated or constricted pupils</p> <p>G Behavioral Indicators Noted</p> <p><input type="checkbox"/> Verbal abusiveness</p> <p><input type="checkbox"/> Physical abusiveness</p> <p><input type="checkbox"/> Extreme aggressiveness or unresponsiveness</p> <p><input type="checkbox"/> Inappropriate response to questioning or instructions</p> <p><input type="checkbox"/> Erratic/inappropriate behavior: hallucinations, disorientation, confusion, talkativeness, euphoric (circle all that apply)</p>
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Other: _____

Comments: _____

Signature: Department Head/Designee/ Date

Signature: Witness/Date