**REASONABLE SUSPICION INCIDENT CHECKLIST**

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<tr>
<th>Employee’s Full Name</th>
<th>Date / Time of Observation</th>
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<tr>
<th>Supervisor’s Full Name &amp; Telephone</th>
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<tr>
<th>Date of Supervisor’s Reasonable Suspicion Decision Training</th>
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This checklist is to be completed when a supervisor – trained in accordance with 49 CFR Part 655.14(b) – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and / or alcohol misuse. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

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

___1. Observed/reported possession or use of a prohibited substance (including passenger complaint).
___2. Apparent drug or alcohol intoxication.
___3. Observed drug or alcohol intoxication.
___4. Arrest for drug-related offense
___5. Other (e.g. flagrant violation of safety or serious misconduct, accident or ‘near miss,’ fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) Please specify:

### B. Behavioral Indicators

___1. Verbal abusiveness
___2. Physical abusiveness
___3. Extreme aggressiveness or agitation
___4. Withdrawal, depression, tearfulness, or responsiveness
___5. Inappropriate verbal responses to questioning or instruction
___6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:
C. Physical Signs and Symptoms

___1. Possession, dispensing, or using prohibited substance  
___2. Slurred or incoherent speech  
___3. Unsteady gait or other loss of physical control, poor conditioning  
___4. Dilated or constricted pupils or unusual eye movement  
___5. Bloodshot or watery eyes  
___6. Extreme aggressiveness or agitation  
___7. Excessive sweating or clamminess of skin  
___8. Flushed or very pale face  
___9. Highly excited or nervous  
___10. Nausea or vomiting  
___11. Disheveled appearance or out of uniform  
___12. Odor of alcohol  
___13. Odor of Marijuana  
___14. Dry mouth (frequent swallowing/lip wetting)  
___15. Shaking hands or body tremors/twitching  
___16. Dizziness or fainting  
___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 (Specify) ..............................................................

D. Written Summary

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

The above document of physical, behavioral, and performance indicators of the named employee were observed by:

________________________________     ______________________________     __________________________
Supervisor’s Full Name                      Signature                             Date