

# Carilion EAP REASONABLE SUSPICION FORM

*This form is used to record "specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors" of the individual. Never accuse an individual of being under the influence of drugs or alcohol. Only relate factual observations. This form is to be completed by a supervisor/manager familiar with the drug free workplace policy and/or DOT/CDL policies. Complete all applicable items. Attach other relevant documents.*

**The information contained herein is confidential and subject to all confidentiality laws.**

Employee's Name \_\_\_\_\_ Company \_\_\_\_\_

A. **Was there an incident or accident?** Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_, 20\_\_ Time: \_\_\_ am/pm

1. Description of event \_\_\_\_\_  
\_\_\_\_\_

2. Extent of injury to persons or property \_\_\_\_\_  
\_\_\_\_\_

3. Employee's actions \_\_\_\_\_  
\_\_\_\_\_

4. Employee sent for alcohol/drug screen? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_, 20\_\_ Time: \_\_\_ am/pm

B. Safety Sensitive Duty Employee? Yes \_\_\_ No \_\_\_

C. Recent change in the employee's work performance level? Yes \_\_\_ No \_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

D. **Attendance Summary – During the last two months:**

# of Mondays or Fridays missed \_\_\_\_\_ total # absences \_\_\_\_\_ # tardies \_\_\_\_\_ # early leaves \_\_\_\_\_

E. Direct Observation of Employee Date: \_\_\_\_\_, 20\_\_ Time: \_\_\_ am/pm

<b>Direct Observation Of Employee</b>							
<b>STANDING:</b>	Feet wide apart	Rigid	Staggering	Swaying	Unable to stand	Sagging at times	
<b>SPEECH:</b>	Mute	Incoherent	Rambling	Shouting	Silent	Slobbering	Slow
<b>WALKING:</b>	Falling	Holding on	Staggering	Stumbling	Swaying	Unable to Walk	Unsteady
<b>DEMEANOR:</b>	Calm Silent	Cooperative	Crying	Fighting	Talkative	Sleepy	Sarcastic
<b>ACTIONS:</b>	Drowsy	Defensive	Hostile	Resisting	Hyperactive	Threatening	Profanity
<b>EYES:</b>	Bloodshot	Closed	Dilated	Droopy	Glassy	Watery	
<b>FACE:</b>	Flushed	Sweaty	Pale				
<b>APPEARANCE / CLOTHING:</b>	Stains on clothing	Dirty	Unruly	Having Odor	Messy	Neat	Partially Dressed
<b>BREATH:</b>	Alcohol odor	No alcohol odor	Marijuana odor	No marijuana odor	Mouthwash Odor	Chewing Candy/Gum	
<b>MOVEMENTS:</b>	Normal	Hyperactive	Jerky	Nervous	Fumbling	Slow	

## Qualitative Observation Of Employee

	Yes	No	
<b>Quality and Quantity of Work</b> Significant increase in errors Inconsistent, "up and down" quantity/quality of work Behavior that disrupts work flow Procrastination on significant decisions or tasks Unsupported explanations for poor work performance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Details:</b> _____ _____ _____
<b>Interpersonal Work Relationships</b> Arguing / Verbal abusiveness/conflict with co-workers Physical abusiveness Avoidance of supervisor Persistently withdrawn or less involved with people Unusual sensitivity to advice or critique of work Excessive complaining about work and/or co-workers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Details:</b> _____ _____ _____
<b>General Work Performance</b> Frequent unexplained disappearances Excessive "extension" of breaks or lunch Increased safety offenses involving the employee Procedure / Policy violations Decreased Productivity Excessive demands for supervisor's time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Details:</b> _____ _____ _____
<b>Personal Observations</b> Makes unfounded accusations toward others Makes unreliable or false statements Unrealistic self-appraisal or grandiose statements Demanding, rigid, inflexible Wage Garnishments Borrowing money from co-workers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Details:</b> _____ _____ _____

F. **Other Observations/Factors** \_\_\_\_\_

\_\_\_\_\_

G. **Witnesses, Consultants and/or Supervisors involved:** \_\_\_\_\_

H. **Transportation Arrangements:** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Supervisor                      Date                      Printed Name

\_\_\_\_\_  
 Signature of Supervisor /Witness                      Date                      Printed Name

*NOTE: Retain in Employee's locked confidential DOT or HR file.*

