

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/Date of Birth: _____
(mm/dd)

Unit/Department: _____

Work Phone #: (_____) _____
(Area Code)

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

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

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

Second Observing Supervisor's Month/Date 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 led 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 has noted.

	Questions	Yes	No
1.	Does the employee have a history of documented performance problems? If yes, attach copy of documentation.	<input type="checkbox"/>	<input type="checkbox"/>
2.	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.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was the employee the subject of a positive reading from electronic drug detection equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was there a positive reaction from a narcotic detection canine to the employee's property?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has the employee notified you that the employee has been arrested for a drug related offense? If yes, attach a copy of the PERS 420, Notification of an Employee Arrest or Criminal Charge.	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|--|--|
| <input type="checkbox"/> 1. Observed/reported possession or use of a controlled substance | <input type="checkbox"/> 5. Arrest for a drug related offense |
| <input type="checkbox"/> 2. Observed/reported possession or consumption of alcohol while on the job | <input type="checkbox"/> 6. Other* (flagrant violation of safety regulations, serious fighting, argumentative or abusive language, refusal of supervisor instruction, unauthorized absence on the job) |
| <input type="checkbox"/> 3. Observed/reported to work under the influence of alcohol as outlined in the policy | <input type="checkbox"/> 7. A positive reading from electronic drug detection equipment |
| <input type="checkbox"/> 4. Observed abnormal or erratic behavior | <input type="checkbox"/> 8. A positive reaction from a narcotic detection canine to an employee's property |

*Specify exact other behavior:

B. UNUSUAL BEHAVIOR

- | | |
|---|--|
| <input type="checkbox"/> 1. Verbal abusiveness | <input type="checkbox"/> 4. Withdrawal, depression, mood changes, or unresponsiveness |
| <input type="checkbox"/> 2. Physical abusiveness | <input type="checkbox"/> 5. Inappropriate verbal response to questioning or instructions |
| <input type="checkbox"/> 3. Extreme aggressiveness or agitation | <input type="checkbox"/> 6. Other erratic or inappropriate behavior* (hallucinations, disorientation, excessive euphoria, confusion) |

*Specify exact other behavior:

C. PHYSICAL SIGNS OR SYMPTOMS

- | | |
|--|--|
| <input type="checkbox"/> 1. Possessing, dispensing, or using controlled substance | <input type="checkbox"/> 11. Odor of alcohol |
| <input type="checkbox"/> 2. Slurred or incoherent speech | <input type="checkbox"/> 12. Odor of marijuana |
| <input type="checkbox"/> 3. Unsteady gait or other loss of physical control; poor coordination | <input type="checkbox"/> 13. Dry mouth (frequent swallowing/lip wetting) |
| <input type="checkbox"/> 4. Dilated or constricted pupils or unusual eye movement | <input type="checkbox"/> 14. Dizziness or fainting |
| <input type="checkbox"/> 5. Bloodshot or watery eyes | <input type="checkbox"/> 15. Shaking hands or body tremors/twitching |
| <input type="checkbox"/> 6. Extreme fatigue or sleeping on the job | <input type="checkbox"/> 16. Irregular or difficult breathing |
| <input type="checkbox"/> 7. Excessive sweating or clamminess to the skin | <input type="checkbox"/> 17. Runny nose or sores around nostrils |
| <input type="checkbox"/> 8. Flushed or very pale face | <input type="checkbox"/> 18. Inappropriate wearing of sunglasses |
| <input type="checkbox"/> 9. Highly excited or nervous | <input type="checkbox"/> 19. Puncture marks or "tracks" |
| <input type="checkbox"/> 10. Nausea or vomiting | <input type="checkbox"/> 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: _____ Date: _____
(if applicable) (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."	<input type="checkbox"/>	<input type="checkbox"/>
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."	<input type="checkbox"/>	<input type="checkbox"/>
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."	<input type="checkbox"/>	<input type="checkbox"/>
Manager			Based upon my discussion with the SCO, on _____ I verbally authorized an alcohol/drug test be administered in accordance with PD-17, "Drug Free Workplace." <small>(MM/DD/YYYY)</small>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Instructions:

1. After contacting the SCO via telephone or in person, immediately fax, 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 not retain a copy.

TO BE COMPLETED BY THE SCO	
Employee underwent <input type="checkbox"/> alcohol test <input type="checkbox"/> drug test at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. ON _____ (MM/DD/YYYY)
Test was conducted at the following location: _____	
Employee refused to test: <input type="checkbox"/> Yes <input type="checkbox"/> No	