

Choice Diagnostics, Inc

Simplified Employee Screening

REASONABLE CAUSE OBSERVATION SHORT TERM INDICATOR CHECKLIST

REASONABLE CAUSE OBSERVATION CHECKLIST
(STRICTLY CONFIDENTIAL)

EMPLOYEE: _____

DATE/TIME OF INCIDENT: _____

SUPERVISOR #1, _____
NAME & TELEPHONE:

SUPERVISOR #2, _____
NAME & TELEPHONE:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug or substance. You should not all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance. Mark each applicable item on this form and add any additional facts or circumstances, which you have noted. (Note: if there are long term behavioral indicators of substance abuse, please complete the Long Term Indicator Checklist).

A. Nature of Incident/Cause for Suspicion

YES

- _____ Observed/reported possession or use of a prohibited substance (including passenger complaint)
 - _____ Apparent drug intoxication
 - _____ Observed abnormal or erratic behavior
 - _____ Arrest or conviction for drug-related offense
 - _____ Evidence of tampering on a previous drug test
 - _____ 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 Noted

YES

- _____ Verbal abusiveness
 - _____ Physical abusiveness
 - _____ Extreme aggression or agitation
 - _____ Withdrawal, depression, tearfulness, or unresponsiveness
 - _____ Inappropriate verbal response to questioning or instructions
 - _____ Other erratic or inappropriate behavior (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confusion) Please Specify:
- _____
- _____
- _____
- _____

