



REASONABLE SUSPICION TESTING CONSENT CHECKLIST

This checklist is used to document reasonable suspicion of a potential violation of the Drug-Free Workplace policy. The supervisor or manager observing the behavior (with another supervisor/manager as witness,) must complete the checklist prior to confronting the employee about your suspicions and notifying the individual that they are being asked to submit to drug and alcohol testing.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Name of observed individual (Print): \_\_\_\_\_

OBSERVED INDICATORS CHECKLIST:

Physical Indicators:

Physical Indicators checklist grid with categories: WALKING, STANDING, FACE, EYES, SPEECH, MOVEMENTS, BREATH/ODOR, APPEARANCE. Includes checkboxes for various symptoms like 'Holding on', 'Whispering', 'No alcohol odor', etc.

Behavioral Indicators:

Behavioral Indicators checklist grid with categories: DEMEANOR, ACTIONS. Includes checkboxes for behaviors like 'Cooperative', 'Fighting', 'Profanity', etc.

Comments and other observations: (attach additional pages as necessary)

Additional facts:

- Additional facts checklist items: Alcohol and/or drugs witnessed in individual's possession or vicinity, Observed on the job misconduct by individual (attach), List other witnesses to individual's conduct and summarize what they witnessed below (attach), Individual declined to comment, Individual's explanation for behavior

Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

(Printed name): \_\_\_\_\_ Title: \_\_\_\_\_

Fax all documentation to 509-434-5055 to Chief Administration Officer, Community Colleges of Spokane; or bring to CCS Human Resources, 501 N. Riverpoint Blvd., Suite 125, Spokane, WA 99224. For questions, call 509-434-5040.