



## COUNTYWIDE REASONABLE SUSPICION CHECKLIST

**Note:** This document must be completed by a supervisor or manager who has been trained in the County's Reasonable Suspicion Procedure and has personally observed the employee's appearance and behavior(s) resulting in a request for reasonable suspicion drug/alcohol testing.

### **EMPLOYEE REFERRED FOR REASONABLE SUSPICION TESTING**

<b>Full Name</b> (last, first, middle,)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			

### **PRIMARY OBSERVER INFORMATION**

<b>Full Name</b> (last, first, middle,)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			
<b>Work Telephone Number</b>			
<b>Work Email Address</b>			

### **SECONDARY OBSERVER INFORMATION**

<b>Full Name</b> (last, first, middle,)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			
<b>Work Telephone Number</b>			
<b>Work Email Address</b>			

### **DATE & LOCATION OF OBSERVATION**

*May be completed by either Primary or Secondary Observer.*

<b>Date of Observation</b>		<b>Time of Observation</b>	
<b>Location of Observation</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip Code</b>	



## **OBSERVATIONS**

*Please check all the observations that apply.*

### **Quality of Speech**

*Normal*

*Loud*

*Slowed*

*Rapid*

*Soft*

*Slurred*

*Pressured*

*Silent*

### **Nature of Speech**

*Normal*

*Confused*

*Hostile*

*Non-Sensical*

*Paranoid*

### **Level of Alertness**

*Normal*

*Drowsy*

*Energetic*

### **Mood**

*Normal*

*Elated/ "Up"*

*Fearful*

*Anxious*

*Irritable*

*Angry*

*Sad/ "Down"*

### **Movements**

*Normal*

*Slowed*

*Quickened*

*Uncoordinated*

*Shaking*

*Aggressive*

### **Walking**

*Normal*

*Stumbling*

*Falling*

*Holding, Reaching*

### **Balance**

*Normal*

*Swaying*

*Staggering*

*Falling*

### **Nose**

*Sniffing*

*Runny*

*Reddened*

### **Eyes**

*Reddened*

*Pupils Constricted*

*Pupils Dilated*

### **Breath**

*Alcohol-Like*

*Chemical Odor*

*"Burnt Rope" Odor*



### **EXPLANATION OF OBSERVED BEHAVIORS**

*Please use plain language to describe and further explain any of the behaviors that were checked in the section above.*

### **ADDITIONAL NOTES/OBSERVATIONS**

*Please provide any additional details to support your request for a reasonable suspicion referral.*

### **ATTESTATION**

I certify that I hold the position of supervisor or higher with the County of Los Angeles, and that I have completed the training on Reasonable Suspicion. I also certify that based on my observation, I believe that reasonable suspicion exists to require the above employee to undergo testing for drugs and/or alcohol.

<b>Primary Observer's - Printed Name</b>	
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<b>Primary Observer's Signature</b>		<b>Date</b>	
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<b>Secondary Observer's - Printed Name</b>	
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<b>Secondary Observer's Signature</b>		<b>Date</b>	
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