Indicator Worksheet for Reasonable Suspicion Determination

Supervisor Name	
Employee Name	
Other Witnesses	
Date of Incident	

Choose all that apply and supply documentation – add additional written documentation stapled to the back of this worksheet

Indicator	Date	Notes
Smell of alcohol on breath/clothes		
Inappropriate Behaviors Onsite		
Witnessed using drugs or alcohol		
Unsteady gait, loss of balance		
Hyperactive Speech or Slurred Speech		
Lethargic		
Mood swings		
Inappropriate uniform or dress		
Confrontations		

Denial		
Accusations		
Other:		
Other:		
Other:		

Supervisor Name:

Supervisor Signature: