



COUNTY OF HUMBOLDT

HUMAN RESOURCES

825 5th Street, Eureka, CA 95501

Personnel Services (Suite 100) Main Line: (707) 476-2349

Risk Management Services (Suite 131) Main Line: (707) 268-3669

Organizational Development & Effectiveness (Suite 131) Main Line: (707) 476-2423

Reasonable Suspicion Checklist

This checklist should be used to document observable behavior that may establish a need for reasonable suspicion testing. The singular observation of one of these factors may typically not be enough to establish reasonable suspicion. Observers should consider an employee's known typical behaviors. Human Resources must be contacted to conduct an observation of the employee's behavior in tandem with the appointing authority, or their designee, completing this form.

Incident Information			
Employee Name	Department/Division	Job Title	Employee ID
Location of Incident	Date Observed	Time Observed	
Supervisor Name	Department/Division	Job Title	Employee ID

Observations	
Who observed the behavior?	
Initial Observer:	
Human Resources Observer:	
Description of initial observation:	
Behaviors observed	
<p>Behavioral:</p> <input type="checkbox"/> Stumbling/unsteady gait <input type="checkbox"/> Jerky movements <input type="checkbox"/> Poor coordination <input type="checkbox"/> Nervous/disorderly <input type="checkbox"/> Belligerent <input type="checkbox"/> Shaking/tremors/twitches <input type="checkbox"/> Fatigue/sleeping <input type="checkbox"/> Resisting communication <input type="checkbox"/> Fighting/insubordinate	<p>Speech/Body Odors:</p> <input type="checkbox"/> Shouting/loud <input type="checkbox"/> Slurred, thick, or slowed speech <input type="checkbox"/> Rapid/pressured speech <input type="checkbox"/> Exaggerated enunciation <input type="checkbox"/> Slobbering/drooling <input type="checkbox"/> Incoherent <input type="checkbox"/> Rambling/repetitious <input type="checkbox"/> Alcoholic odor to breath <input type="checkbox"/> Marijuana odor to breath
<p>Appearance/Physical:</p> <input type="checkbox"/> Bloodshot/watery eyes <input type="checkbox"/> Eyes droopy <input type="checkbox"/> Unfocused/blank stare	<p>Work Performance:</p> <input type="checkbox"/> Delayed/faulty decision making <input type="checkbox"/> Impulsive/unusual risk taking <input type="checkbox"/> Impaired mental functioning

<input type="checkbox"/> Dilated/constricted pupils	<input type="checkbox"/> Decreased alertness		
<input type="checkbox"/> Jerky eye movement	<input type="checkbox"/> Significant increase in errors		
<input type="checkbox"/> Eyes glassy	<input type="checkbox"/> Inappropriate response to instructions		
<input type="checkbox"/> Disheveled clothing			
<input type="checkbox"/> Unkempt grooming			
<input type="checkbox"/> Partially dressed			
<input type="checkbox"/> Puncture marks on arms			
Other observations:			
Witness signature:	Department	Job Title	Date

Any box that is checked above must be accompanied by a description/explanation of the observation that led to the determination to check the box. Description/explanations should be attached to this form.

Interview			
Who interviewed the employee?			
<ul style="list-style-type: none"> • Did you advise employee of their POBR rights, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the employee request to have their union representative present? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the employee contact their union representative? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the employee admit to being under the influence of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No • <input type="checkbox"/> Drugs (please specify what drugs): <input type="checkbox"/> Alcohol • When were the substances ingested: • Approximately how much substance was ingested: • Approximately what time were substances ingested: • At what location were the substance(s) ingested: 			
Other:			
Interviewer signature:	Department	Job Title	Date