



The University of Tennessee
Health Science Center

REASONABLE SUSPICION DRUG/ALCOHOL TESTING CHECKLIST

Applies to: STUDENTS OF UTHSC

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the FITNESS FOR PRACTICE AND DRUG TESTING POLICY and may be used to implement the UTHSC Drug-Free Workplace policy. In such instances, the faculty or other appropriate administrator observing the behavior with another faculty or other appropriate administrator as witness, must each complete the checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____ Time: _____ a.m. / p.m.

STUDENT INFORMATION

Name of Observed Student: _____

College: _____ Student ID: _____

OBSERVED INDICATORS CHECKLIST

Physical Indicators:

WALKING	FACE	SPEECH	BREATH/ODOR
Holding on Stumbling Unable to walk Unsteady Staggering Swaying Falling Other _____	Red/flushed Pale Sweaty Appears normal Stobbering Grinding teeth Dry mouth Runny nose Other _____	Whispering Slurred Shouting Incoherent Silent Rambling Slow Other _____	No alcohol odor Faint alcohol odor Strong alcohol odor Sweet/pungent tobacco odor Chemical odor Marijuana odor Breath spray/mouthwash Gum/mints/candy Other _____
STANDING	EYES	MOVEMENT	APPEARANCE
Swaying Feet wide apart Rigid Staggering Sagging at knees Other _____	Watery Bloodshot Glassy Dilated Closed Droopy eye lids Appears normal	Fumbling Jerky Nervous Slow Hyperactive Other _____	Messy Dirty/stained clothing Burns on person/clothing Ripped/torn clothing Partially dressed Puncture marks/ needle tracks Appears normal Other _____

Behavioral Indicators:

DEMEANOR	ACTIONS
Cooperative Polite Calm Talkative Silent Resisting communication Sarcastic Belligerent Tearful/crying Anxious Excited Mood changes Disoriented Inattentive Appears normal Sleepy Drowsy Other _____	Fighting Profanity Erratic Hostile Threatening Hyperactive Non-communicative Sleeping on job Argumentative Other _____

Comments and other observations:

Additional facts:

Presence of alcohol and/or drugs in individual's possession or vicinity

On-the-job misconduct by individual (specify) _____

Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed

Individual declined to comment or individual's explanation for behavior

SIGNATURE

Completed by (signature): _____ Date _____ Time _____ a.m./p.m.

Printed name: _____ Title _____