

**REASONABLE SUSPICION OF ALCOHOL OR DRUG IMPAIRMENT CHECKLIST (Non-DOT)
CONFIDENTIAL**

Pursuant to the Alcohol and Other Drugs Policy (Employees), this checklist is to be used to document an instance in which a supervisor reasonably suspects that an employee is impaired by alcohol or drugs while on the job. Guidance on using this checklist is in the Procedures for Reasonable Suspicion of Drug or Alcohol Impairment (Non-DOT) ("Procedures"). If the person suspected of impairment is a CSU Pueblo student, this policy does not apply; see the Student Code of Conduct. Any employee reasonably suspected of being impaired by alcohol or drugs at work must be temporarily relieved of duties until it is shown that they may safely return to work.

This form must be completed at the time that a reasonable suspicion of impairment arises.

Section A. Employee Information:

Employee: _____ Department: _____

Title: _____ Classification: _____

Supervisor: _____ Title: _____

Is this employee's position covered under the federal Department of Transportation (DOT) regulations for commercial drivers? Yes _____ No _____ ***If yes, contact the Associate Athletic Director immediately at 719-252-8283.***

Section B. Assess the situation:

If	Then	Note
Employee appears violent, verbally abusive, or otherwise threatening	Call 911	Make reasonable efforts to protect yourself and others. Avoid physical confrontation.
Employee appears to be having a medical emergency or requests immediate medical assistance	Call 911	Supervisor should stay with the employee until medical personnel arrive.
Neither of the above; employee appears to be impaired by drugs or alcohol.	Complete checklist	Read this checklist to familiarize yourself. Proceed to C.
You need assistance with this process	Call HRIE 719-549-2441	The Human Resources Director or staff can assist you.

Section C. Go through each of the following steps with the employee. See suggested dialogue *in italics*:

Step	Action
1	Obtain another Responsible Individual to serve as an observer (i.e., a manager, supervisor, or other person in a position of authority; see Procedures, Section C).
2	Approach the employee and ask them to meet with you in a private area where a confidential conversation can occur.
3	Introduction: <i>"I have observed behaviors that lead me to believe you may be impaired in some way." We are going to review the situation together.</i> <i>"Are you under the influence of drugs or alcohol at this time?"</i> Document the employee's answer:

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4	<p>Ask employee, "Do you need immediate medical assistance?" <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, call 911 as noted above.</p> <p>If no, or no answer: supervisor may independently determine that medical assistance is needed and call 911.</p>																																				
5	<p>Work Stoppage: <i>For your safety and the safety of others, you must stop working at this time. I am placing you on Leave Without Pay for the rest of the workday.</i></p>																																				
6	<p>Supervisor to complete: document all observations</p> <p><i>These are the behaviors I have observed that cause me to suspect that you are impaired (check those that apply):</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Observed using alcohol or drugs</td> <td><input type="checkbox"/></td> <td>Observed with drug paraphernalia</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Odor of Alcohol</td> <td><input type="checkbox"/></td> <td>Odor of marijuana</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Admitted using alcohol or drugs</td> <td><input type="checkbox"/></td> <td>Is lethargic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dilated/Constricted Pupils</td> <td><input type="checkbox"/></td> <td>Eyes are Bloodshot</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Red, glassy eyes</td> <td><input type="checkbox"/></td> <td>Unable to focus</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Incoherent Speech</td> <td><input type="checkbox"/></td> <td>Slurred speech</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Unable to balance/holding on</td> <td><input type="checkbox"/></td> <td>Lack of coordination</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Swaying</td> <td><input type="checkbox"/></td> <td>Weaving or stumbling</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fumbling/dropping items</td> <td><input type="checkbox"/></td> <td>Fighting/hostile</td> </tr> </table> <p>Other (describe, and <i>be specific</i>): _____</p> <p>_____</p> <p>Note: observations must be specific, multiple, and articulable to support a finding of impairment. A single observation noted above is insufficient unless employee admits to being impaired or was directly observed by the supervisor using drugs or alcohol at, or prior to, work. If employee does <i>not</i> appear to be impaired at this time, they should return to work.</p> <p><i>"Based on my observations, I have concluded that you <input type="checkbox"/> [do] <input type="checkbox"/> [do not] appear to be impaired by alcohol or drugs."</i></p>	<input type="checkbox"/>	Observed using alcohol or drugs	<input type="checkbox"/>	Observed with drug paraphernalia	<input type="checkbox"/>	Odor of Alcohol	<input type="checkbox"/>	Odor of marijuana	<input type="checkbox"/>	Admitted using alcohol or drugs	<input type="checkbox"/>	Is lethargic	<input type="checkbox"/>	Dilated/Constricted Pupils	<input type="checkbox"/>	Eyes are Bloodshot	<input type="checkbox"/>	Red, glassy eyes	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>	Incoherent Speech	<input type="checkbox"/>	Slurred speech	<input type="checkbox"/>	Unable to balance/holding on	<input type="checkbox"/>	Lack of coordination	<input type="checkbox"/>	Swaying	<input type="checkbox"/>	Weaving or stumbling	<input type="checkbox"/>	Fumbling/dropping items	<input type="checkbox"/>	Fighting/hostile
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7	<p>Transportation: <i>I want to make sure you have safe transportation home or to a medical facility. Is there a relative or friend that you can call to give you a ride? If not, would you like me to call you a taxi? Please be advised that if you attempt to drive or ride a bicycle yourself, or otherwise leave in an unsafe manner, I will have to call the police."</i></p>																																				
8	<p>Return to work: <i>" I am placing you on Administrative Leave With Pay for the rest of the work shift. You are expected to return to work at the beginning of your next scheduled workday/shift if you are not then impaired. If you are unable to return as scheduled, it is your responsibility to contact me in accordance with department procedures. We will need to meet privately upon your return to work so that I can determine if you are fit to return to duty."</i></p>																																				
9	<p>Closing: <i>"Also be aware that you can contact the Employee Assistance Program at 1-844-493-TALK (8255) for confidential counseling or referral, if you desire, and I encourage you to do so."</i></p> <p><i>Before you leave today, we will sign this document outlining what we have discussed and I will provide you with a copy." (If employee declines to sign, the supervisor should note this below).</i></p>																																				

Section D. Date/Time/ Location:

Date _____ and Time _____ of Incident Location: _____

Section E. Additional Information or Comments:

Signatures

I, the undersigned Employee, state that (*initial one*):

____ I **agree** that I am impaired by drugs or alcohol at this time.

____ I **deny** that I am impaired by drugs or alcohol at this time.

Employee Signature: _____ **Date:** _____ **Time:** _____

Employee Name (print) _____

Supervisor Signature: _____ **Date:** _____ **Time:** _____

Supervisor Name (print) _____

If **employee** was unable or unwilling to sign, note here: _____

Observer Signature: _____ **Date:** _____ **Time:** _____

Observer Name (print) _____