

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

Pursuant to the [University Policy on Alcohol and Drugs, policy No.6-8004-001](#), 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 not a CSU employee, do not use this Checklist; [contact the Office of Risk Management & Insurance \(RMI\)](#) (<http://rmi.prep.colostate.edu>) for assistance.

Any employee reasonably suspected of being impaired by alcohol or drugs at work must be temporarily relieved of duties until it is shown that he or she may safely return to work. Drug and alcohol testing is at the option of the employee. If the employee declines to be tested, the findings of the supervisor based on the observed behaviors will stand as the determination.

**This form must be completed at the time that a reasonable suspicion of impairment arises. It should be held in the employee's personnel file.**

**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 EHS at 970-491-6745 immediately.*

**B. Assess the situation.**

If	Then	Other
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 have someone stay with the employee until medical personnel arrive.
Neither of the above; employee appears to be impaired by drugs or alcohol.	Follow procedures	Read this checklist and the attached Procedures to familiarize yourself. Proceed to C.
You need assistance with this process	Call Human Resources (491-6947)	The Solutions Partners in Human Resources can assist you.

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

Step	Action
1	If possible, obtain another Responsible Individual to serve as an observer (i.e., a <b>manager, supervisor, or other person in a position of authority</b> ; see <b>Procedures, Section C</b> ). If no suitable observer is available, continue to step 2.
2	Approach the employee and ask him or her to meet with you in a private area where a confidential conversation can occur.

3	<p><b>Introduction:</b> "I have observed behaviors that lead me to believe you may be impaired in some way." We are going to review the situation together.</p> <p>"Are you under the influence of drugs or alcohol at this time?" Document the employee's answer:</p> <hr/> <hr/> <hr/>																																				
4	<p>Ask employee, "Do you need immediate medical assistance?" Circle: Yes 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><b>Work Stoppage:</b> 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. If you choose to undergo drug and alcohol testing, you will be on administrative leave with pay until the end of today's shift.</p>																																				
6	<p><b>Supervisor to complete: document all observations</b></p> <p>These are the behaviors I have observed that cause me to suspect that you are impaired (check those that apply):</p> <table border="1" data-bbox="233 894 1416 1199"> <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 be <i>specific</i>): _____</p> <p>_____</p> <p>_____</p> <p>Note: observations must be <b>specific, multiple, and articulable</b> 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, he or she should return to work.</p> <p>"Based on my observations, I have concluded that you _____ [do] _____ [do not] appear to be impaired by alcohol or drugs."</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><b>Disputing Impairment:</b> "Because your impairment appears to be due to alcohol or drugs, you may dispute my observations by undergoing drug and alcohol testing, <b>at the University's expense</b>. If you decline to be tested, it will be presumed that you are impaired. A finding of impairment subjects you to corrective or disciplinary action. Specimen collection will be arranged on-site or at a location designated by the university."</p> <p>For 24/7 on-site collection, <b>contact NOCO Drug Testing LLC at 970-685-4072</b>. If no on-site collector is available, or if the employee is out of the Fort Collins-Denver-Boulder area, <b>contact Risk Management</b>. [If necessary, I will arrange for a taxi to transport you to the designated testing facility.] You <b>MUST</b> be tested within the next 2 hours or the test will be invalid. A medical review officer will review the test results and determine whether the test is positive or negative. The specimen will be split into two samples and one will be held by the collection facility in case you want to have it tested elsewhere."</p>																																				

	<p>You must not consume any food or beverage or take any drugs before being tested. I will remain with you [or specify another responsible manager or another supervisor] until the test is complete in order to assure your safety and that you follow the procedure.</p> <p>[If applicable]: The department will pay for the transportation to the testing facility but you will be responsible to arrange for transportation from the testing facility home. You must not drive." <b>If the employee is transported by ambulance:</b> "If you are tested for drugs or illegal/legal substances in the emergency room, the ER will designate the lab to do the testing."</p>
8	<p><b>Transportation:</b> 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? [Taxi tel: 970-224-2222] 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."</p>
9	<p><b>Return to work:</b> " I am placing you on Leave Without Pay for the rest of the work shift. If you choose to go to a drug and alcohol testing facility, you will be on Administrative Leave with Pay until the testing is completed. 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."</p>
10	<p><b>Closing:</b> "Also be aware that you can contact the Employee Assistance Program at 1-800-497-9133 for confidential counseling or referral, if you desire, and I encourage you to do so."</p> <p>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).</p>

**D. Date/Time**

Date \_\_\_\_\_ and Time \_\_\_\_\_ of Incident      Location: \_\_\_\_\_

**E. Election to be Tested for Drugs/Alcohol**

Employee elected to be tested

On-site collection       Went to designated facility

Taxicab transported at (date/time) \_\_\_\_\_ Other transportation: (describe) \_\_\_\_\_

Accompanied by: \_\_\_\_\_

Employee elected NOT to be tested

Employee arranged for safe transportation away from work (describe): \_\_\_\_\_

Employee refused assistance with transportation and left on his/her own.     CSUPD contacted (if unsafe)

Time left: \_\_\_\_\_ Manner of leaving (walking, biking, etc.) \_\_\_\_\_

**Additional Information or Comments**

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**F. Signatures**

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

\_\_\_\_ I **agree** that I am impaired by drugs or alcohol at this time and I decline to be tested.

\_\_\_\_ I **deny** that I am impaired by drugs or alcohol at this time and I decline to be tested.

\_\_\_\_ I **deny** that I am impaired by drugs or alcohol at this time and I choose to be tested. I will follow the instructions given to me for testing.

**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) \_\_\_\_\_