



COUNTYWIDE REASONABLE SUSPICION CHECKLIST

Note: This document must be completed by a supervisor or manager who has been trained in the County's Reasonable Suspicion Procedure and has personally observed the employee's appearance and behavior(s) resulting in a request for reasonable suspicion drug/alcohol testing.

EMPLOYEE REFERRED FOR REASONABLE SUSPICION TESTING

Full Name (last, first, middle)		Employee ID No.	e
Job/Classification Title			
Department			

PRIMARY OBSERVER INFORMATION

Full Name (last, first, middle)		Employee ID No.	e
Job/Classification Title			
Department			
Work Telephone Number			
Work Email Address			

SECONDARY OBSERVER INFORMATION

Full Name (last, first, middle)		Employee ID No.	e
Job/Classification Title			
Department			
Work Telephone Number			
Work Email Address			

DATE & LOCATION OF OBSERVATION

May be completed by either Primary or Secondary Observer.

Date of Observation		Time of Observation	
Location of Observation			
Address			
City		State	
		Zip Code	



OBSERVATIONS

Please check all the observations that apply.

Quality of Speech

- Normal*
- Loud*
- Slowed*
- Rapid*
- Soft*
- Slurred*
- Pressured*
- Silent*

Nature of Speech

- Normal*
- Confused*
- Hostile*
- Non-Sensical*
- Paranoid*

Level of Alertness

- Normal*
- Drowsy*
- Energetic*

Mood

- Normal*
- Elated/ "Up"*
- Fearful*
- Anxious*
- Irritable*
- Angry*
- Sad/ "Down"*

Movements

- Normal*
- Slowed*
- Quickened*
- Uncoordinated*
- Shaking*
- Aggressive*

Walking

- Normal*
- Stumbling*
- Falling*
- Holding, Reaching*

Balance

- Normal*
- Swaying*
- Staggering*
- Falling*

Nose

- Sniffing*
- Runny*
- Reddened*

Eyes

- Reddened*
- Pupils Constricted*
- Pupils Dilated*

Breath

- Alcohol-Like*
- Chemical Odor*
- "Burnt Rope" Odor*



COUNTY OF LOS ANGELES

Department of Human Resources

Occupational Health Programs

Phone: 213-433-7201 | Email: ohp@hr.lacounty.gov

EXPLANATION OF OBSERVED BEHAVIORS

Please use plain language to describe and further explain any of the behaviors that were checked in the section above.

ADDITIONAL NOTES/OBSERVATIONS

Please provide any additional details to support your request for a reasonable suspicion referral.

ATTESTATION

I certify that I hold the position of supervisor or higher with the County of Los Angeles, and that I have completed the training on Reasonable Suspicion. I also certify that based on my observation, I believe that reasonable suspicion exists to require the above employee to undergo testing for drugs and/or alcohol.

Primary Observer's - Printed Name	
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Primary Observer's Signature		Date	
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Secondary Observer's - Printed Name	
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Secondary Observer's Signature		Date	
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