

# Reasonable suspicion checklist



This checklist is to be used by managers who suspect an employee or contractor may be impaired by alcohol or other drugs (please tick appropriate box and comment where necessary).

## 1. Breath

(smell of intoxicating liquor):

- ☐ Nil  
☐ Slight  
☐ Strong

Other \_\_\_\_\_

\_\_\_\_\_

## 2. Attitude

- ☐ Hallucinating  
☐ Sedated  
☐ Hostile  
☐ Irritable

Other \_\_\_\_\_

\_\_\_\_\_

## 3. Actions

- ☐ Disruptive  
☐ Vomitting/unwell  
☐ Fighting/violent  
☐ Excessively active  
☐ Excessively drowsy

Other \_\_\_\_\_

\_\_\_\_\_

## 4. Body

- ☐ Flushed skin  
☐ Sweating  
☐ Twitching  
☐ Dizziness

Other \_\_\_\_\_

\_\_\_\_\_

## 5. Eyes

- ☐ Watery/Glazed  
☐ Pupils contracted  
☐ Pupils dilated  
☐ Involuntary movements

Other \_\_\_\_\_

\_\_\_\_\_

## 6. Breathing

- ☐ Normal  
☐ Short  
☐ Jerky  
☐ Rapid  
☐ Shallow  
☐ Slow

Other \_\_\_\_\_

\_\_\_\_\_

## 7. Speech

- ☐ Incoherent  
☐ Slurred  
☐ Confused  
☐ Fast  
☐ Slow

Other \_\_\_\_\_

\_\_\_\_\_

## 8. Balance

- ☐ Unsteady  
☐ Swaying  
☐ Sagging  
☐ Falling  
☐ Staggering

Other \_\_\_\_\_

\_\_\_\_\_

## 9. Movements

- ☐ Needs support  
☐ Clumsy  
☐ Jerky  
☐ Sluggish  
☐ Tremor

Other \_\_\_\_\_

\_\_\_\_\_

Site

Name of Employee / Contractor

Name of Manager

Name of Nominated approver consulted

Time and date

Designation (Employee or Contractor)

Signature

Nominated approver agrees with Manager's need to discuss with People Service Team Yes ☐ No ☐

**Create a request in the People Services Portal and contact the People Service team on 1300 116 947 to arrange testing (24/7)**