

Reasonable Suspicion of Alcohol or Drug Impairment in the Workplace Checklist

(Do not use this checklist for situations involving CDL drivers)

Pursuant to NAU's [Alcohol and Other Drugs](#) policy, supervisors must use this checklist to document an instance in which a supervisor determines, based on the supervisor's direct observation of the employee's behavior, appearance, or odor that an employee is impaired by alcohol or other drugs while on duty in the workplace. The *Reasonable Suspicion of Alcohol or Drug Impairment in the Workplace Procedure* provides additional guidance for addressing such instances and for using this checklist. If the person suspected of impairment is not an NAU employee, do not use this checklist. Instead, contact the NAU Police Department for assistance.

After a supervisor completes this checklist, an employee reasonable suspected of being impaired by alcohol or drugs at work must be temporarily relieved of their duties and must immediately leave University property, either to be tested for alcohol or drugs if that is their choice, or to return home. It is the supervisor's responsibility to ensure that the employee reasonably suspected of impairment has safe transport to either location and is not allowed to drive a motor vehicle or ride a bicycle. If an employee refuses safe transport, contact the NAU Police Department for assistance.

Compete this form at the time that reasonable suspicion of employee impairment on the job arises.

A. Employee Information

Name: _____ Department: _____

Title: _____ Classification: _____

Supervisor: _____ Title: _____

Is this employee's position covered by federal DOT commercial driver license regulations? Yes No

If yes, contact _____ at 928-523-XXXX immediately.

B. Assess the Situation

If	Then	Comments
The employee appears violent, verbally abusive or otherwise threatening	Call 911	Make reasonable efforts to protect yourself and others while avoiding verbal or physical confrontation
The employee appears to be having a medical emergency or requires immediate medical assistance	Call 911	Supervisor should ensure that the employee remains accompanied until medical personnel arrive
Neither of the above and the employee appears to be impaired by alcohol or other drugs	Follow procedure	Read the accompanying procedures and used this checklist to document the incident
You need assistance with this process	Call HR at 523-2223	Human Resources personnel will assist you

C. Complete the Assessment

Follow the steps outlined below in sequence to engage an employee reasonably suspected of being impaired by alcohol or drugs while on the job and to document the objective factors that gave rise to this suspicion. See suggested dialog *in italics*:

Step	Action																
1.	If possible, locate another responsible individual to serve as an observer (<i>i.e.</i> , another supervisor, manager or other person of authority). If no suitable observer is available, continue to Step 2.																
2.	Request that the employee meet with you in a private location where a confidential conversation can occur. If you are accompanied by an observer, explain that the observer will participate in the confidential conversation.																
3.	<p>Begin the conversation: <i>"I have observed behaviors or circumstances that lead me to believe that you may be impaired in some way. We are going to review this situation together and I am going to follow University procedure and use this checklist to document your responses."</i> Document the employee's response:</p> <p>_____</p> <p>_____</p>																
4.	Ask the employee specifically, <i>"Do you need medical attention?"</i> Record the employee's response: ___ Yes ___ No If yes, call 911 as noted above. If no or if the employee will not respond, the supervisor may independently determine that medical assistance is warranted and call 911.																
5.	<p>Document all the objective directly observed indicators that gave rise to your reasonable suspicion of the employee's impairment in the workplace. Explain to the employee that these are the factors that caused you to believe that the employee may be impaired: <i>"These are the behaviors or circumstances that I have observed that cause me to believe that you are impaired by alcohol or drugs while on the job:"</i></p> <table border="1" data-bbox="256 993 1474 1392"> <tbody> <tr> <td data-bbox="256 993 854 1045">Observed using alcohol or drugs</td> <td data-bbox="854 993 1474 1045">Observed with drug paraphernalia</td> </tr> <tr> <td data-bbox="256 1045 854 1098">Smells of alcohol</td> <td data-bbox="854 1045 1474 1098">Smells of marijuana</td> </tr> <tr> <td data-bbox="256 1098 854 1150">Admits to using alcohol or drugs on the job</td> <td data-bbox="854 1098 1474 1150">Dilated or constricted pupils</td> </tr> <tr> <td data-bbox="256 1150 854 1203">Eyes are bloodshot</td> <td data-bbox="854 1150 1474 1203">Eyes are glassy or cannot seem to focus</td> </tr> <tr> <td data-bbox="256 1203 854 1255">Incoherent speech</td> <td data-bbox="854 1203 1474 1255">Slurred speech</td> </tr> <tr> <td data-bbox="256 1255 854 1308">Unable to balance or remain upright</td> <td data-bbox="854 1255 1474 1308">Lack of coordination</td> </tr> <tr> <td data-bbox="256 1308 854 1360">Swaying</td> <td data-bbox="854 1308 1474 1360">Weaving or stumbling</td> </tr> <tr> <td data-bbox="256 1360 854 1392">Fumbling or dropping items</td> <td data-bbox="854 1360 1474 1392">Belligerent or hostile</td> </tr> </tbody> </table> <p>Other (describe completely and specifically): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please note: observations of these objective indicators or circumstances must be specific, multiple, and articulable to support a finding of employee impairment in the workplace. A single observation noted above is insufficient unless the employee admits to being impaired while on the job or was directly observed by the supervisor using alcohol or drugs just prior to or while at work. If the employee was not directly observed using alcohol or drugs and does not appear to be impaired at the time in the confidential conversation, the employee should return to work and this checklist should not be completed or retained.</p>	Observed using alcohol or drugs	Observed with drug paraphernalia	Smells of alcohol	Smells of marijuana	Admits to using alcohol or drugs on the job	Dilated or constricted pupils	Eyes are bloodshot	Eyes are glassy or cannot seem to focus	Incoherent speech	Slurred speech	Unable to balance or remain upright	Lack of coordination	Swaying	Weaving or stumbling	Fumbling or dropping items	Belligerent or hostile
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6.	<p>Upon documenting multiple, specific, and articulable direct observations and concluding as a result that the employee is impaired, explain to the employee that based on the documented factors, you are relieving the employee of their duties at this time. <i>“For your safety and the safety of others, I am relieving you of your duties for the rest of your work day/work shift. You must stop work at this time because I have concluded that you are impaired by alcohol or drugs.”</i></p>
7.	<p>Next, inform the employee of their right to dispute your determination that the employee is impaired by alcohol or drugs while on duty.</p> <p><i>“Because your impairment appears to be due to alcohol or drugs, you may dispute my determination that you are impaired by alcohol or drugs by undergoing voluntary alcohol and/or drug testing at the University’s expense. If you request to be tested, you must follow the testing instructions that I will provide you. If you decline to be tested, it will be presumed that you are impaired. A finding of impairment while on duty and your refusal to submit to an alcohol or drug test subject you to corrective or disciplinary action.</i></p> <p><i>If you choose to be tested, I will provide instructions and arrange transportation for you to the testing facility. You must be tested within the next four (4) hours or the test will be invalid. You must not consume any food or beverage or take any drugs before being tested. I will remain with you [or specify another responsible employee] until the testing is complete to assure your safety and that you follow the proper testing procedure. The University will provide for safe transportation to the testing facility but you will be responsible for arranging for your transportation from the testing facility to your home. You must not drive.”</i></p> <p><i>A medical professional will review the test results to determine whether the test is positive or negative. The specimen will be split into two samples, one of which will be available to you should you wish to have it tested at another qualified facility.</i></p> <p>Document the employee’s response below:</p> <hr/> <hr/> <hr/> <hr/>
8.	<p>The supervisor must arrange for safe transportation.</p> <p><i>“I want to make sure you have safe transportation home from the testing facility or from there to a medical facility if needed. Is there a relative or friend that you can call for a ride? If not, would you like me to call a taxi for you? Please know that it is not safe for you to drive or to ride a bicycle. If you attempt to drive or ride a bicycle, or to otherwise leave the testing facility in an unsafe manner, we will have to notify the police.</i></p>
9.	<p>Inform the employee when and under what conditions they may return to work.</p> <p><i>“I am relieving you of your duties for the remainder of the day/work shift. You are expected to return to work at the start of your next scheduled work day/work shift if you are not then impaired by alcohol or drugs. If you are unable to return to work as scheduled, it is your responsibility to inform me. Upon your return to work, we must meet privately so that I may determine whether you are fit to return to duty.</i></p>
10.	<p>Close the conversation by offering the University’s support and assistance.</p> <p><i>“I would like to emphasize that you may contact Employee Assistance and Wellness to request confidential counseling or referral services, if you desire. I encourage you to do so. Now, you must sign this document that outlines what I have observed and what we have discussed. I will provide you with a copy.</i></p>

D. Incident Location, Time, and Date

Location: _____

Time: _____ Date: _____

E. Employee Election of Alcohol and Other Drug Testing

___ Employee elects to be tested at NAU expense

___ Onsite collection ___ Employee instructed to visit designated testing facility

Mode of transportation ___ Taxicab/Uber Time and Date: _____

___ Other (describe): _____

___ Accompanied by: _____

___ Employee elects NOT to be tested

F. Transportation

___ Impaired employee transported to: ___ Testing facility ___ Residence ___ Other (describe): _____

Means of transportation: ___ Taxi/Uber ___ Friend/relative/colleague ___ Other (describe): _____

Accompanied by: _____

___ Employee arranged for safe transportation away from the workplace (describe): _____

___ Employee refused assistance with transportation and departed on their own

NAU Police Department contacted if unsafe: ___ Yes ___ No

Time and date employee departed: _____

Manner of leaving (walking, biking, transported by family or friend, etc.): _____

Additional information or comments: _____

G. Signatures

I, the undersigned Northern Arizona University employee, state that (initial only one):

_____ **I AGREE** that I am impaired by alcohol or other drugs in the workplace at this time and I decline to be tested.

_____ **I DENY** that I am impaired by alcohol or other drugs in the workplace at this time and I voluntarily choose to be tested. I agree to follow the instructions provided to me for alcohol and/or drug testing and understand that if I fail to follow the testing instructions, I will be determined to have been intoxicated in the workplace as a result.

_____ **I DENY** that I am impaired by alcohol or other drugs in the workplace at this time and I decline to be tested. In doing so, I recognize that I will be determined to be intoxicated in the workplace at this time as a result.

EMPLOYEE name (print): _____

EMPLOYEE signature: _____ Time: _____ Date: _____

SUPERVISOR name and title (print): _____

SUPERVISOR signature: _____ Time: _____ Date: _____

If the employee is unable or unwilling to sign this form, document such circumstances here: _____

OBSERVER name and title (print): _____

OBSERVER signature: _____ Time: _____ Date: _____

H. Notifications

All supervisors who encounter an impaired employee and use this checklist to document the occurrence should immediately scan and transmit a copy of the completed checklist to their supervisor and to Human Resources by emailing XXXXXXX@nau.edu. Supervisors should maintain the original signed checklist document in their departmental files.

Questions? Call Human Resources at (928) 523-523-2223