



## 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 departs University property in a safe manner and is not allowed to drive a motor vehicle or ride a bicycle. If an employee attempts unsafe 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.e., another supervisor, manager, or another 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:</p> <p><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 the required checklist to document your responses. Do you understand?”</i></p> <p>Document the employee’s response: _____</p>																
4.	<p>Ask the employee specifically, <i>“Do you need medical attention?”</i> Record the employee’s response: ___ Yes ___ No</p> <p>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.</p>																
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="256 982 1474 1381"> <tbody> <tr> <td data-bbox="256 982 857 1035">Observed using alcohol or drugs</td> <td data-bbox="857 982 1474 1035">Observed with drug paraphernalia</td> </tr> <tr> <td data-bbox="256 1035 857 1087">Odor of alcohol</td> <td data-bbox="857 1035 1474 1087">Odor of marijuana</td> </tr> <tr> <td data-bbox="256 1087 857 1140">Admits to using alcohol or drugs on the job</td> <td data-bbox="857 1087 1474 1140">Dilated or constricted pupils</td> </tr> <tr> <td data-bbox="256 1140 857 1192">Eyes are bloodshot</td> <td data-bbox="857 1140 1474 1192">Eyes are glassy or cannot seem to focus</td> </tr> <tr> <td data-bbox="256 1192 857 1245">Incoherent speech</td> <td data-bbox="857 1192 1474 1245">Slurred speech</td> </tr> <tr> <td data-bbox="256 1245 857 1297">Unable to balance or remain upright</td> <td data-bbox="857 1245 1474 1297">Lack of coordination</td> </tr> <tr> <td data-bbox="256 1297 857 1350">Swaying</td> <td data-bbox="857 1297 1474 1350">Weaving or stumbling</td> </tr> <tr> <td data-bbox="256 1350 857 1381">Fumbling or dropping items</td> <td data-bbox="857 1350 1474 1381">Belligerent or hostile</td> </tr> </tbody> </table> <p>Other (describe completely and specifically): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Please note:</b> observations of these objective indicators or circumstances must be <b>specific, multiple, and articulable</b> to support a finding of employee impairment in the workplace. A general sense that an employee is acting strange or unusual is not enough. As noted above, a single observation—for example, bloodshot eyes—is an insufficient basis to make a finding 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	Odor of alcohol	Odor 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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<p>6.</p>	<p>Upon documenting multiple, specific, and articulable direct observations and concluding as a result that the employee is impaired while on duty in the workplace, explain to the employee that based on the documented factors, you are relieving the employee of their duties at this time.</p> <p><i>“For your safety and the safety of others, I am relieving you of your duties for the rest of your workday/work shift. You must stop work at this time because I have concluded that you are impaired by alcohol or drugs.”</i></p>
<p>7.</p>	<p>Next, inform the employee of their option to personally obtain an independent alcohol or drug test from third-party community provider and, if requested, provide the employee with the <i>Alcohol and Drug Third-Party Testing Instructions</i> document.</p> <p><i>“If you disagree with my determination that you are impaired by alcohol or drugs, you may personally obtain an alcohol or drug test from an independent third-party provider. At your request, I can provide you with the names of local testing providers and the testing instructions. The University will reimburse you for the cost of a valid test.”</i></p> <p>Document the employee's response:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>8.</p>	<p>The supervisor must assure the employee leaves University property in a safe manner.</p> <p><i>“I must make sure you have safe transportation away from campus. Is there a relative or friend that you can call for a ride? If not, would you like me to call a taxi or Uber 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 in an unsafe manner, I will have to notify the NAU Police Department.”</i></p>
<p>9.</p>	<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 workday/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>
<p>10.</p>	<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. Transportation**

Time and date employee departed: \_\_\_\_\_

Transportation option (describe):

\_\_\_\_\_ Family or Friend \_\_\_\_\_ Taxi/Uber \_\_\_\_\_ Walking \_\_\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Name of family or friend who transported employee: \_\_\_\_\_

Employee attempted to depart in an unsafe manner and NAU Police Department was contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional information or comments: \_\_\_\_\_

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**F. Signatures**

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

\_\_\_\_\_ I **AGREE** that I am impaired by alcohol or other drugs while on duty in the workplace at this time.

\_\_\_\_\_ I **DENY** that I am impaired by alcohol or other drugs while on duty in the workplace at this time.

I, the undersigned Northern Arizona University employee (initial):

\_\_\_\_\_ **ACKNOWLEDGE** that I have been informed that I may personally obtain an alcohol and/or drug test from an independent third-party community provider, that the time limit for doing so is four (4) hours from now, and that I have received a copy of the *Alcohol and Drug Third-Party Testing Instructions* document.

**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: \_\_\_\_\_

**G. Notify Human Resources**

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 [HR.Contact@nau.edu](mailto:HR.Contact@nau.edu). Supervisors should maintain the original signed checklist in their departmental files.

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