Amarillo College

Reasonable Suspicion Manager Checklist

This checklist should be completed by the manager or supervisor that suspects drug or alcohol use based on the physical appearance and/or behavior of the employee that appears unfit for duty.

1: EMPLOYEE INFORMATION

Employee Name: _____
Employee ID Number: _____
Employee Job Title: _____
Observation Date/Time: _____
Witness 1: _____ Witness 2: _____
Location of Observation: _____

PHYSICAL OBSERVATIONS

1. Walking/Standing

☐ Staggering ☐ Stumbling ☐ Swaying ☐ Unable to walk ☐ Falling

2. Movements

☐ Nervous ☐ Fumbling ☐ Jerky ☐ Diminished coordination
☐ Reduced reaction time

3. Eyes

☐ Bloodshot ☐ Closed ☐ Constricted pupils ☐ Droopy
☐ Dilated pupils ☐ Glassy

4. Face

☐ Flushed ☐ Pale ☐ Sweaty

5. Smell

☐ Marijuana odor ☐ Chemical odor ☐ Alcohol odor

6. Speech

☐ Whispering ☐ Sobbing ☐ Slow ☐ Slurred ☐ Silent ☐ Shouting
☐ Rambling ☐ Incoherent

7. Behavioral

☐ Forgetful ☐ Argumentative ☐ Overacts to minor things ☐ Crying
☐ Sleepy ☐ Excited ☐ Talkative/rapid speech ☐ Mood swings
☐ Withdrawn ☐ Sleeping on job

8. Actions

☐ Hostile ☐ Threatening ☐ Paranoid ☐ Fighting ☐ Erratic ☐ Profanity

Additional Notes

_____

_____

_____

CORROBORATING WITNESSES

List names of all witnesses to the employee's conduct below:

_____

_____

OTHER OBSERVATIONS

List below any other observations not included in this checklist and provide details for any accident that the employee being observed caused or was involved in:

_____

_____

_____

2. Immediate Safety Action

☐ Remove employee from safety-sensitive duties; and
☐ Do not allow further work for the remainder of the shift; and
☐ Maintain dignity and privacy throughout the process

Date/Time removed from duty: _____

3. Notify HR

☐ Contact HR for scheduling (806)371-5040

HR Contacted (Name/Time): _____

4. Secure Transportation to the Facility

☐ Do not allow the employee to drive
☐ Arrange safe transport via:

☐ Rideshare/taxi paid by college ☐ Friend/family ☐ College provided ride

Transportation arranged by: _____

Time of departure: _____

5. Schedule Testing

☐ Confirm testing appointment

Time employee sent: __ / __ / _____ at _____ AM/PM

Facility Name:

6. Final Notes & Documentation

☐ Save and send all documentation to HR (observation notes, testing instructions, transportation details)
☐ Maintain strict confidentiality—share only with those who have a business need to know
☐ Follow up with HR regarding return-to-duty status

Approved Testing Facilities

Amarillo
Hours 8am – 5pm

Concentra Urgent Care
1619 S Kentucky St, Ste. F600
Amarillo, TX 79102
(806) 373-2200

Tammy will schedule the test online

Moore County Campus
CDT Services

Hours 24/7

418E 1st
Dumas, TX
806.934.5571
Manager will bring to the facility with a form

Hereford
Worksmart – Crystal

Hours Monday – Friday 8:00am – 5:00pm (no later than 4pm arrival)

540 W 15th St
Hereford, TX
806.364.2141

Manager needs to call before going to the clinic