

REASONABLE SUSPICION CHECKLIST

Investigator (Primary):	Date:	Time:
Investigator (Secondary):	Employee's Full Name:	

Reasonable suspicion testing may be required where: (1) the employee admits impairment at work and/or (2) there are reasonable grounds based on observable indicators (below).

Prior to testing, the employee has the right to review the Policy and communicate with a union representative (i.e. shop steward).

If testing is required:

1. Notify the employee and immediately remove them from duty.
2. Call **CannAmm** at **1-800-440-0023, ext. 3** to book testing.
3. Arrange transportation for employee to and from the collection facility.

STEP 1: OBSERVE *(Select all that apply.)*

<p><i>Appearance:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Flushed complexion <input type="checkbox"/> Red eyes <input type="checkbox"/> Watery eyes <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Cold/clammy/sweats <input type="checkbox"/> Disheveled clothes or appearance <p>Also:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Traces of alcohol in containers <input type="checkbox"/> Substances with appearance of drugs <input type="checkbox"/> Drug equipment (pipes, lighters, syringes, etc) 	<p><i>Behaviour:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Blank stare/withdrawn/unresponsive <input type="checkbox"/> Agitated or paranoid <input type="checkbox"/> Drowsy/reduced motivation/Slower reflexes <input type="checkbox"/> Tremors/shakes/fidgety <input type="checkbox"/> Clumsy <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Reduced co-ordination <input type="checkbox"/> Absences/lateness <input type="checkbox"/> Increased risk-taking/lowered inhibitions <input type="checkbox"/> Complaint of flu-like symptoms <input type="checkbox"/> Frequent use of mints or eye drops <input type="checkbox"/> Exaggerated work accomplishments
<p><i>Speech:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Loud/boisterous <input type="checkbox"/> Nonsensical <input type="checkbox"/> Excessive chatter and/or cursing <input type="checkbox"/> Excessive, rapid, silly 	<p><i>Odour:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Skunky (cannabis)

STEP 2: CONFIRM *(Complete each step.)*

- | | |
|---|--|
| <input type="checkbox"/> List personal observations | <input type="checkbox"/> Check medical record for self-disclosure (if available) |
| <input type="checkbox"/> List witness observations | <input type="checkbox"/> Ask employee how doing (without referring to suspicion) |

Document findings in checklist above and on "Notes" section on next page.

STEP 3: DOCUMENT

Have present *(as applicable)*:

- | | |
|---|--|
| <input type="checkbox"/> Personal notes | <input type="checkbox"/> Document this meeting ("Notes" section) |
| <input type="checkbox"/> Witness statements | <input type="checkbox"/> Other: (site-specific docs, digital communications) |

