

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 **CANN/AMM** 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.)*

Appearance: <input type="checkbox"/> Eyes – bloodshot <input type="checkbox"/> Eyes – watery <input type="checkbox"/> Eyes - dilated pupils <input type="checkbox"/> Eyes – constricted pupils <input type="checkbox"/> Flushed complexion <input type="checkbox"/> Cold/clammy/sweats <input type="checkbox"/> Disheveled clothes or appearance Also: <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)	Behaviour: <input type="checkbox"/> Blank stare/withdrawn/unresponsive <input type="checkbox"/> Agitated or paranoid <input checked="" type="checkbox"/> Drowsy/reduced motivation <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
Speech: <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"/> Rapid	Odour: <input type="checkbox"/> Alcohol <input type="checkbox"/> Skunky (cannabis)

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

☐ Additional observations (Document on the “Notes” section on the next page):

☐ Employee self-disclosure (During the investigation, did the employee self-disclose recent use of substances or medications that may affect their mental state? Document findings in the “Notes” section on the next page.)

STEP 3: DOCUMENT

Have present (as applicable):

- ☐ Personal notes ☐ Post-Accident Investigation form ☐ Other:
- ☐ Witness statements ☐ Document this meeting ("Notes" section)

STEP 4: CONFRONT - NOTES *(Use additional paper if required.)*

(Document important occurrences of investigation - i.e., timeline of events, comments, explanations, decisions.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STEP 5: TEST (& FOLLOW-UP)

Testing required? ☐ Yes ☐ No ☐ Employee agreed to test ☐ Employee refused to test

Transportation of employee to facility by:

☐ Employer ☐ Other Name: _____

☐ Employee transported to facility ☐ Testing complete

08/15/2023