



REASONABLE CAUSE CHECKLIST – SAFETY-SENSITIVE POSITIONS

This form must be completed PRIOR to an Employee in a Safety-Sensitive Position being tested.

Employee’s Name/employee: _____	Date of Incident/concern: _____
Department: _____	Division: _____ Location: _____
Description of Incident/Concern: _____	
Type of Incident	
<input type="checkbox"/> Post Incident	<input type="checkbox"/> Reasonable Cause

Post-Incident Testing:

A Supervisor of an Employee in a Safety-Sensitive Position must request the Employee to submit to a Drug and Alcohol test if they have been involved in an incident or near miss.

Reasonable Cause Testing:

In any situation when an Employee in a Safety-Sensitive Position appears, or is reported to appear, not Fit for Work, a Supervisor of that Employee must investigate the situation. If they conclude there are reasonable grounds to believe the Employee is not Fit for Work, the Employee will be requested to submit to an Alcohol and Drug test.

The attached checklist will help determine whether Alcohol and Drug testing is recommended. Place check marks against the phrases that best describe the Employee’s behavior. **Include as much information as you can** that may assist in clarifying the situation, as well as any witnesses to the behavior you are describing. This checklist must be completed in collaboration with another Supervisor.

1 General appearance	Date(s)	Explanation
<input type="checkbox"/> Sleepy	_____	_____
<input type="checkbox"/> Tremors	_____	_____
<input type="checkbox"/> Signs of intoxication (smell of alcohol or cannabis, slurred speech, confusion, inarticulate speech, uncoordinated, observed use of a substance)	_____	_____
<input type="checkbox"/> Glassy eyes	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____

2	Workplace behaviour	Date(s)	Explanation
<input type="checkbox"/>	Interrupts others at work	_____	_____
<input type="checkbox"/>	Inflexible about procedures	_____	_____
<input type="checkbox"/>	Argumentative	_____	_____
<input type="checkbox"/>	Inappropriate emotional outbursts	_____	_____
<input type="checkbox"/>	Physically threatening	_____	_____
<input type="checkbox"/>	Alcohol or drug consumption observed	_____	_____
<input type="checkbox"/>	Erratic behaviour	_____	_____
3	Temperament at work	Date(s)	Explanation
<input type="checkbox"/>	Withdrawn much more than usual	_____	_____
<input type="checkbox"/>	Easily upset by everyday events	_____	_____
<input type="checkbox"/>	Agitated and on edge	_____	_____
<input type="checkbox"/>	Excessively worried or fearful	_____	_____
<input type="checkbox"/>	Extreme variations of mood	_____	_____
4	Job performance	Date(s)	Explanation
<input type="checkbox"/>	Forgets instructions	_____	_____
<input type="checkbox"/>	Forgets normal procedures	_____	_____
<input type="checkbox"/>	Works abnormally slowly or erratically	_____	_____
<input type="checkbox"/>	Lower productivity e.g. missed deadlines	_____	_____
<input type="checkbox"/>	Poor judgement	_____	_____
<input type="checkbox"/>	Fails to wear safety equipment	_____	_____
<input type="checkbox"/>	Unsafe work habits	_____	_____
<input type="checkbox"/>	Other (please specify) _____	_____	_____
5	Relationship with co-workers	Date(s)	Explanation
<input type="checkbox"/>	Abnormal reaction to criticism	_____	_____
<input type="checkbox"/>	Imagines criticism where there is none	_____	_____
<input type="checkbox"/>	Complaint received from co-worker	_____	_____

6 Absenteeism	Date(s)	Explanation
<input type="checkbox"/> Excessive absence/lateness	_____	_____
<input type="checkbox"/> Unlikely excuses for absence/lateness	_____	_____
<input type="checkbox"/> Excuse for absence/lateness proven false	_____	_____
<input type="checkbox"/> Absences/lateness follow a pattern	_____	_____
<input type="checkbox"/> Frequently late returning from breaks	_____	_____
<input type="checkbox"/> Excessive absence from workstation	_____	_____
7 Further observations or comments		
8 Witness/other employees involved		
Signatures		
Name of supervisor(s) who has completed this checklist. (Second supervisor is optional.)		
1 _____	2 _____	
Do reasonable grounds for testing exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in Section 7 above.		
_____	_____	
Supervisor 1 – print name and position	Supervisor 1 - signature	
Do reasonable grounds for testing exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain in Section 7 above.		
_____	_____	
Supervisor 2 – print name and position	Supervisor 2 - signature	