APPENDIX D

REASONABLE CAUSE CHECKLIST
NON SAFETY - SENSITIVE POSITIONS

Employee Name: _____ Date of Incident/Concern: _____

Description of Incident/Concern: _____

Location of Incident: _____

OBSERVATIONS (PLEASE CHECK ALL THAT APPLY AND INCLUDE ANY **CHANGES** IN BEHAVIOUR).

Behaviour	☐ Nervous	☐ Insulting	☐ Sleepy
	☐ Exaggerated politeness	☐ Confused	☐ Combative
	☐ Excited	☐ Quarrelsome	☐ Fatigued
	☐ Uncooperative	☐ Poor memory	☐ Overly Talkative
	☐ Paranoid	☐ Mood swings	☐ Highly excited
	Description/notes/other (please describe). _____		
Unusual Actions	☐ Sweating	☐ Slow reactions	☐ Crying
	☐ Blood shot eyes	☐ Dilated pupils	☐ Fighting
	☐ Glassy eyes	☐ Tremors	☐ Quick moving
	Description/notes/other (please describe). _____		
Speech	☐ Slurred	☐ Slow	☐ Confused
	☐ Thick	☐ Rambling	☐ Pressured
	Description/notes/other (please describe). _____		
Balance	☐ Falling	☐ Staggering or unsteady	☐ Unsure
	☐ Needs support	☐ Stumbling	☐ Normal
	Description/notes/other (please describe). _____		

APPENDIX D

Odor	☐ Smell of Alcohol ☐ Body Odor ☐ Smell of Cannabis Excessive Mouthwash/Cologne Description/Notes/Other (please describe)? _____

Witness / Other Employees Involved: _____

Supervisor Actions: _____

Consequence: _____

Planned Follow-up: _____

Supervisor's Name	Signature	Date:
Concurring Supervisor's Name (optional)	Signature	Date:

Adapted from the Canadian Centre for Occupational Health and Safety's "*Workplace Strategies: Risk for Impairment from Cannabis*"