

Observers' Checklist for Reasonable Cause Determination (RCD-II)

Immediate

Employee's Name: _____

Program: _____

Date(s): _____

Observer One: _____

Time(s): _____

Observer Two: _____

Observing and Documenting Current Indicators

Patterns of any of the "warning signs" may occur but must be accompanied by indicators of impairment in order to establish "reasonable cause". Please check all indicators listed below that are *currently* present.

1. Walking/Balance

Stumbling Staggering Falling Unable to Stand Swaying Unsteady Holding On Rigid

2. Speech

Shouting Whispering Slow Rambling Slurred Slobbering Incoherent

3. Actions

Resisting Communications Insulting Hostile Drowsy/Dizzy Fighting/ Insubordinate Profanity
 Threatening Erratic Hyperactive Crying Outburst Indifferent Irritable Argumentative

4. Eyes

Bloodshot/Red Watery Dilated/Constricted Glassy Wearing Sunglasses Involuntary Eye Movement

5. Face

Flush Pale Sweaty

6. Appearance/ Clothing/ Hygiene

Disheveled Messy Dirty Partially Dressed Odor Stained Clothes Needle Marks

7. Breath

Alcoholic Odor Marijuana Odor

8. Movements

Fumbling Jerky Slow Nervous Hyperactive Scratching Twitch/Tics

9. Possession of Paraphernalia

Describe: _____

10. Possession of substance

That appears to be drugs or alcohol, describe: _____

11. Did employee admit to using drugs or alcohol? Yes No

If you answered "yes" please answer the following:

When: _____

Where: _____

How much: _____

Taken: _____

Substance: _____

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