DNA Workplace
PROTECTING YOUR FUTURE

FREE MANAGER'S TOOLKIT

Reasonable suspicion checklist

For managers and supervisors

Use this form whenever you're concerned that someone may be unfit for work through drugs or alcohol. Work through it in order, starting with safety.



Record facts: what you saw, heard and smelt, with times. Avoid labels such as "drunk" or "high".

Many medical conditions look like impairment. Rule them out before you think about testing.

Keep the completed form confidential and pass it to HR or occupational health.

1 Make it safe first

- ☐ Taken the person off safety-critical work, such as driving, machinery, plant or work at height
- ☐ Checked whether they need first aid or medical help (call 999 in an emergency)
- ☐ Made sure they won't drive, including home
- ☐ Asked a second person, such as HR or another manager, to be present
- ☐ Moved somewhere private

2 Details

Employee name		**Job role**	
Site or location		**Date**	
Time concern first noticed		**Manager completing form**	
Second person present		**Their role**	

3 What you observed (tick all that apply)

Behaviour	☐ Aggressive or irritable ☐ Sudden mood changes ☐ Confused ☐ Unusually drowsy
Speech	☐ Slurred ☐ Slow or rambling ☐ Hard to follow
Coordination	☐ Unsteady on their feet ☐ Poor balance ☐ Fumbling with tools or controls
Performance	☐ Uncharacteristic mistakes ☐ Near miss or incident ☐ Can't follow simple instructions
Other	☐ Smell of alcohol ☐ Smell of cannabis ☐ Alcohol or drugs in their possession

Describe exactly what you saw and heard, with times

4 Other explanations you considered

- ☐ Illness or a medical condition, such as low blood sugar
- ☐ An injury, including a head injury
- ☐ Extreme tiredness or long hours
- ☐ Prescribed or over-the-counter medicine
- ☐ Stress, anxiety or a personal crisis
- ☐ Something else: _____

5 The conversation

- [ ] Explained privately and calmly what I observed
- [ ] Asked how they are and whether anything could explain it
- [ ] Gave them the chance to mention any medication (pass details only to occupational health or whoever reviews results)
- [ ] Explained what our policy says, what the test involves and what happens if they refuse

What they said

6 Your decision

- [ ] Reasonable suspicion remains: test requested at (time) _____
- [ ] No reasonable suspicion: other action taken, such as first aid, a referral or a safe journey home
- [ ] The employee agreed to the test
- [ ] The employee declined the test (record what they said above)

Reasons for your decision, including why you ruled out other explanations

7 Next steps

- [ ] Collector or testing provider contacted at (time) _____
- [ ] Kept off safety-critical work until results are back
- [ ] Safe transport arranged if they're leaving site
- [ ] HR or occupational health informed
- [ ] Form stored securely and confidentially

8 Sign-off

	Name	Signature	Date and time
Manager			
Second person			

This checklist supports your drug and alcohol policy. It doesn't replace it.

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