

# Manager's Drug and Alcohol Checklist

Employee's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Employee's ID Number: \_\_\_\_\_

## **BEHAVIOR**

Stumbling, Unsteady Gait  
Drowsy, Sleepy, Lethargic  
Agitated, Anxious, Restless  
Hostile, Belligerent  
Irritable, Moody  
Depressed, Withdrawn  
Unresponsive, Distracted  
Clumsy, Uncoordinated  
Tremors/Shakes  
Persistent runny nose or flu-like symptoms  
Suspicious, paranoid  
Hyperactive, Fidgety  
Frequent use of mints, mouthwash, breath sprays, eye drops  
Inappropriate, uninhibited behavior  
Forgetful, slow responses  
Asks to have things repeated

## **ODOR**

Smell of alcohol on breath  
(If alcohol smell is the only symptom – breath test only allowed)  
Smell of marijuana on clothes  
(If marijuana smell is the only symptom - drug test only is allowed)

## **APPEARANCE**

Flushed or pale complexion  
Sweaty for no reason  
Cold, Clammy  
Bloodshot eyes  
Tearing, Watery Eyes  
Enlarged pupils  
Pinpoint pupils  
Unfocused, blank stare  
Messy clothing  
Dirty, messy appearance

## **SPEECH**

Slurred, thick, slow  
Not understandable  
Exaggerated enunciation  
Loud, boisterous  
Rapid, pressured  
Excessively talkative  
Silly, nonsensical  
Inappropriate, including cursing

*(Suggested Statement)* My observations of you while on company property concern me. I am exercising my responsibility under UPRR Policy and/or FRA Regulations to require you to submit to reasonable suspicion/cause testing. Failure to submit to the testing will be considered a refusal, which could lead to decertification and/or dismissal. You must stay with me or the collector during the entire testing process.

INTERVIEWING MANAGER NAME: \_\_\_\_\_

SECOND MANAGER'S NAME: \_\_\_\_\_

Phone Numbers:

Midlands (call for collector): 402-983-9590

Hot Line DAT: 800-877-0565

EAP: 800-779-1212