United States Department of Agriculture
Marketing and Regulatory Programs

Reasonable Suspicion and Post-Accident/Unsafe Practice Checklist

Employee Name:	Date of Occurrence:

Location Address:

Reporting Supervisor:	Phone Number:

According to USDA policy, before reasonable suspicion or post-accident/unsafe practice testing is conducted, the Director of Personnel must approve the procedure. To assist in the determination, please complete this entire form to record employee observed behavior. A supervisor who is trained in the signs and symptoms of substance use and abuse must make the observation. Supervisors are not trained to diagnose any condition, only to describe the employee's behavior.

Based on absorption and elimination rates of alcohol and drugs in the body, post-accident/unsafe practice testing must be conducted within 32 hours of the accident/incident.

Personnel Officer

This is to certify that I have reviewed the documentation on _____ submitted by
(Employee's Name)

_____ and _____.
(Supervisor's Name) (Employee Relations Specialist)

Based upon the review, I have determined that drug testing ☐ should ☐ should not be conducted for ☐ reasonable suspicion ☐ post accident/unsafe practice testing.

The employee must be notified of testing within 2 hours of signature of this form.

MRP Personnel Director:	Date:

Did the employee admit to using alcohol or drugs? ☐ Yes ☐ No

When:	What time:	Substance: ☐ Legal Employee Prescription ☐ Prescription Drug (not employee's) ☐ Illegal Substance ☐ Alcohol
How much:	Dosage:	Where taken: ☐ Home ☐ Work ☐ Other

Employee Behavior

1. Walking/Balance

☐ Stumbling	☐ Staggering	☐ Falling	☐ Unable to stand
☐ Swaying	☐ Unsteady	☐ Holding On	☐ Rigid
☐ Sagging at knees	☐ Feet wide apart	☐ Other	

2. Speech

☐ Shouting	☐ Whispering	☐ Slow	☐ Rambling
☐ Slurred	☐ Slobbering	☐ Incoherent	☐ Other

3. Actions

☐ Resisting communication	☐ Insulting	☐ Hostile	☐ Drowsy
☐ Unresponsive	☐ Using profanity	☐ Threatening	☐ Erratic
☐ Hyperactive	☐ Crying	☐ Indifferent	☐ Fighting/insubordinate
☐ Other			

4. Eyes

☐ Bloodshot	☐ Watery	☐ Dilated	☐ Glassy
☐ Droopy	☐ Closed	☐ Wearing sunglasses	☐ Other

5. Face

☐ Flushed	☐ Pale	☐ Sweaty	☐ Other

6. Appearance/Clothing

☐ Disheveled	☐ Messy	☐ Dirty	☐ Partially dressed
☐ Having odor	☐ Stains on clothing	☐ Other	

7. Breath

☐ Alcohol odor ☐ No alcohol odor ☐ Marijuana odor ☐ Pungent odor
☐ Other

8. Movements

☐ Fumbling ☐ Jerky ☐ Slow ☐ Nervous
☐ Hyperactive ☐ Exaggerated reflexes ☐ Nodding ☐ Body tremors
☐ Other

9. Eating/Chewing

☐ Candy ☐ Mints ☐ Gum ☐ Tobacco
☐ Other

Post-Accident/Incident Information

10. Accident/Incident Reports

Did employee receive a police citation? ☐ Yes ☐ No
If so, please attach.

Was a police report completed at the accident/incident scene? ☐ Yes ☐ No
If so, please provide report number.

Was an SF-91, Report of Motor Vehicle Accident, completed? ☐ Yes ☐ No
If so, please attach.

11. Injured at Accident/Incident Scene

Employee	Injured ☐ Yes ☐ No	Fatality ☐ Yes ☐ No	Medical Treatment ☐ Yes ☐ No
Passenger in Vehicle	Injured ☐ Yes ☐ No	Fatality ☐ Yes ☐ No	Medical Treatment ☐ Yes ☐ No
Other Vehicle Driver	Injured ☐ Yes ☐ No	Fatality ☐ Yes ☐ No	Medical Treatment ☐ Yes ☐ No
Other Vehicle Passenger	Injured ☐ Yes ☐ No	Fatality ☐ Yes ☐ No	Medical Treatment ☐ Yes ☐ No

12. Vehicle Damage

			Estimated Damage	
GOV	Car	☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
	Truck	☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
	ATV	☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
	Aircraft	☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
	Boat	☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
POV		☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
Other Vehicle		☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000
Property Damage		☐ Yes ☐ No	☐ Under $10,000	☐ Over $10,000

Description:

13. Pyrotechnics/Firearms

☐ A firearm discharged causing bodily injury or death to a person.
☐ A firearm discharged causing damage to Government or privately owned property.
☐ A firearm, accessories (e.g., scope, suppressor), or ammunition requiring repairs and/or replacement.
☐ Ammunition missing and/or damaged.

Witness Statement and Signature

Witness Factual Account of Accident/Incident (Additional sheets can be provided.)

Witness Signature:	Title:	Date:	Time:

Supervisor Statement and Signature

Supervisor Factual Account of Accident/Incident (Additional sheets can be provided.)

Supervisor Signature:	Title:	Date:	Time: