

OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD

Employee: Name: _____
Identification Number: _____
Observation: Date: _____ Time: (from _____ am/pm to _____ am/pm)
Location: _____
(Street) (City) (State) (Zip)

CAUSE FOR SUSPICION

1. Presence of Drugs, Alcohol, and/or Paraphernalia (*specify*): _____

2. Appearance: Normal Flushed Puncture Marks
 Disheveled Bloodshot eyes Inappropriate wearing of sunglasses
 Dilated/Constricted Pupils Profuse Sweating Tremors
 Dry-mouth Symptoms Runny Nose/Sores Body Odor
 Other _____

3. Behavior

- Speech: Normal Incoherent Slurred Silent
 Confused Slowed Whispering
 Other _____
- Awareness: Normal Confused Mood Swings Euphoria
 Lethargic Lack of Coordination Paranoid Disoriented
 Other _____

4. Motor Skills

- Balance: Normal Swaying Falling Staggering
 Other _____
- Walking & Turning: Normal Swaying Arms Raised for Balance
 Stumbling Falling Reaching for Support
 Other _____

5. Other Observed Action or Behavior (*specify*): _____

Witnessed by: (*must be a supervisor or company official trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances*):

(Signature) (Title) (Date) (Time) am/pm

(2nd Signature) (Title) (Date) (Time) am/pm