FORTIER SUBSTANCE ABUSE TESTING, INC.

www.fortierdrugtesting.com

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:*

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

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

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307(f)).