

Employer: _____

Reasonable Suspicion Record

Employee Name _____ Social Security Number/Employee ID _____ Date of Birth _____

Location _____ From: _____ am/pm To: _____ am/pm _____
Observation Time _____ Observation Date _____

Reasonable suspicion of current use or impairment by: Alcohol Drugs Both

Cause for Suspicion

Appearance

- Normal Flushed Skin Puncture Marks Disheveled Bloodshot Eyes Tremors
- Dilated/Constricted Pupils Profuse Sweating Dry-Mouth Runny Nose/Sores/Frequent Sniffing
- Chills Inappropriate use of Sunglasses Weight loss Odor of: _____
- Other: _____

Behavior: Speech

- Normal Incoherent Slurred Silent Confused Slow Fast
- Loud Whispering/soft Excessive talking Inappropriate comments
- Other: _____

Behavior: Awareness

- Normal Confused Euphoria Lethargic Disoriented Head bobbing
- Difficult to Arouse Slow responses Blank stare Sleepy Short attention span
- Other: _____

Behavior: Other

- Mood Swings Poor memory Secretive Aggressive/Violent Paranoid/distrustful
- Disruptive Unsafe acts Excessive fatigue Poor comprehension Poor job performance
- Anxiety Depression Other: _____

Motor Skills: Balance and Walking

- Normal Swaying Stagger/stumbling Falling Arms raised for balance
- Reaching for support Wide Based Gait Other: _____

Motor Skills: Other

- Dropping Objects Lack of Coordination Slowed reaction time Over-reaction/Startled
- Other: _____

Other Observable Actions of Behavior (Specify):

Check if the following conditions are met, (alcohol test only if both conditions are met):

- Observations are specific, contemporaneous, and articulated on the appearance, behavior, speech, or body odors of the individual
- Alcohol testing observations are made during, just preceding, or just after the individual is required to be in compliance Employer policies.

Supervisor/Company Official Name **Signature** **Date**

Date