

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

EIN	
Location	

Employee's Name

DATE OBSERVED

Address of Incident

Street	City	State	Zip Code

TIME OBSERVED

FROM						
						am pm
TO						am pm

Record Employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 *Reasonable Suspicion Testing*, the employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for: Alcohol Drugs

1. WALKING/BALANCE:

Mark Items that apply and describe specifics

<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Falling	<input type="checkbox"/> Unable to stand
<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Holding on	<input type="checkbox"/> Rigid
<input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Feet wide apart		

2. SPEECH:

<input type="checkbox"/> Slurred	<input type="checkbox"/> Whispering	<input type="checkbox"/> Slow	<input type="checkbox"/> Rambling
<input type="checkbox"/> Shouting	<input type="checkbox"/> Slobbering	<input type="checkbox"/> Incoherent	

3. ACTIONS:

<input type="checkbox"/> Resisting communications	<input type="checkbox"/> Insulting	<input type="checkbox"/> Hostile	<input type="checkbox"/> Drowsy
<input type="checkbox"/> Fighting/insubordinate	<input type="checkbox"/> Profanity	<input type="checkbox"/> Threatening	<input type="checkbox"/> Erratic
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Crying	<input type="checkbox"/> Indifferent	

4. EYES:

<input type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Dilated	<input type="checkbox"/> Glassy
<input type="checkbox"/> Droopy	<input type="checkbox"/> Closed	<input type="checkbox"/> Wearing sunglasses	

5. FACE:

<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty
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6. APPEARANCE/CLOTHING:

<input type="checkbox"/> Disheveled	<input type="checkbox"/> Messy	<input type="checkbox"/> Dirty	<input type="checkbox"/> Partially dressed
<input type="checkbox"/> Having odor	<input type="checkbox"/> Stains on clothing		

7. BREATH:

<input type="checkbox"/> Alcoholic odor	<input type="checkbox"/> Faint alcohol odor	<input type="checkbox"/> No alcohol odor	<input type="checkbox"/> Marijuana odor
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8. MOVEMENTS:

<input type="checkbox"/> Fumbling	<input type="checkbox"/> Jerky	<input type="checkbox"/> Slow	<input type="checkbox"/> Nervous
<input type="checkbox"/> Hyperactive			

9. EATING/CHEWING:

<input type="checkbox"/> Gum	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Other			

OTHER OBSERVATIONS:

Did employee admit to using drugs or alcohol?

Yes No

When:

Substance:

How much:

Where taken:

WITNESSED BY:

_____ am
Signature Title Preparation Date Time

_____ am
Signature Title Preparation Date Time

CONFERENCE NOTES

DOCUMENT THE ENCOUNTER

EMPLOYEE NAME

DATE

INTERVIEWER

NOTES:

FOLLOW-UP: