

Employer: _____

Reasonable Suspicion Record (DOT)

Employee Name

Social Security/ID Number

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

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

Behavior: Speech

- | | | | | | | |
|---------------------------------------|--|--|---|-----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred | <input type="checkbox"/> Silent | <input type="checkbox"/> Confused | <input type="checkbox"/> Slow | <input type="checkbox"/> Fast |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Whispering/soft | <input type="checkbox"/> Excessive talking | <input type="checkbox"/> Inappropriate comments | | | |
| <input type="checkbox"/> Other: _____ | | | | | | |

Behavior: Awareness

- | | | | | | |
|--|---|--------------------------------------|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused | <input type="checkbox"/> Euphoria | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Head bobbing |
| <input type="checkbox"/> Difficult to arouse | <input type="checkbox"/> Slow responses | <input type="checkbox"/> Blank stare | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Short attention span | |
| <input type="checkbox"/> Other: _____ | | | | | |

Behavior: Other

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Poor memory | <input type="checkbox"/> Secretive | <input type="checkbox"/> Aggressive/Violent |
| <input type="checkbox"/> Paranoid/distrustful | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Unsafe acts | <input type="checkbox"/> Excessive fatigue |
| <input type="checkbox"/> Poor comprehension | <input type="checkbox"/> Poor job performance | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Other: _____ | | | |

Motor Skills: Balance and Walking

- | | | | | |
|---|--|--|----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Stagger/stumbling | <input type="checkbox"/> Falling | <input type="checkbox"/> Arms raised for balance |
| <input type="checkbox"/> Reaching for support | <input type="checkbox"/> Wide Based Gait | <input type="checkbox"/> Other: _____ | | |

Motor Skills: Other

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Dropping Objects | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Slowed reaction time | <input type="checkbox"/> Over-reaction/Startled |
| <input type="checkbox"/> 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 with DOT regulations or Employer policies.

If unable to conduct DOT alcohol test within 2 hours of reasonable suspicion determination, state reasons:

If unable to conduct DOT alcohol test within 8 hours of determination to test, cease attempts to test and state reasons:

| | | |
|---|------------------|-------------|
| Supervisor/Company Official Name | Signature | Date |
|---|------------------|-------------|

Comments and/or corroboration by a second supervisor or Company Official:

| | | |
|---|------------------|-------------|
| Supervisor/Company Official Name | Signature | Date |
|---|------------------|-------------|

Steps to Performing a Reasonable Suspicion Test

- Identify problem and observe.
- Document your findings as soon as possible.
- Confirm your findings with another supervisor.
- Discuss findings with employee
 - Meet employee in private with another supervisor.
 - Tell employee what was observed and felt to be abnormal.
 - Ask employee, why he/she appears abnormal.
 - Act on medical concerns immediately.
 - Tell employee, supervisors are required to act when there is reasonable suspicion to believe the company's &/or DOT's drug &/or alcohol prohibitions have been violated.
 - Inform employee that company policy requires testing.
 - Inform employee of the consequences of a non-negative or refusal to test.
 - Maintain confidentiality
- Testing (drug and/or alcohol)
 - Arrange escort/transport of employee to collection site.
 - Arrange escort/transport of employee to home.
 - Employee remains off duty until test results back.

Remember to remove employee from work area as soon as is necessary to maintain safety of employee and others.

Final Supervisor Comments: _____
