

Employer: _____

Reasonable Suspicion Record (NON 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.

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: _____
