

## 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:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Normal                     | <input type="checkbox"/> Flushed          | <input type="checkbox"/> Puncture Marks                      |
| <input type="checkbox"/> Disheveled                 | <input type="checkbox"/> Bloodshot Eyes   | <input type="checkbox"/> Inappropriate wearing of sunglasses |
| <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Tremors                             |
| <input type="checkbox"/> Dry-mouth Symptoms         | <input type="checkbox"/> Runny Nose/Sores | <input type="checkbox"/> Body Odor                           |
| <input type="checkbox"/> Other _____                |   |  |

### 3. 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"/> Slowed     | <input type="checkbox"/> Whispering |                                 |
| <input type="checkbox"/> Other _____ |                                     |                                     |                                 |

- Awareness:
- |                                      |   |                                      |                                      |
|--------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Confused             | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Euphoria    |
| <input type="checkbox"/> Lethargic   | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Paranoid    | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Other _____ |   |                                      |                                      |

### 4. Motor Skills

- Balance:
- |                                      |                                  |                                  |                                     |
|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Staggering |
| <input type="checkbox"/> Other _____ |                                  |                                  |                                     |

#### Walking &

- Turning:
- |                                      |                                  |  |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Swaying | <input type="checkbox"/> Arms Raised for Balance |
| <input type="checkbox"/> Stumbling   | <input type="checkbox"/> Falling | <input type="checkbox"/> Reaching for Support    |
| <input type="checkbox"/> 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*)

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

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

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)).