

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Branch or Plant _____

EMPLOYEE'S NAME	DATE OBSERVED
ADDRESS OF INCIDENT	TIME OBSERVED
Street, City, State, Zip	FROM _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. TO _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

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 driver 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 **Mark items that apply and describe specifics.**

Mark items that apply and describe specifics			
1. WALKING/BALANCE <input type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Staggering <input type="checkbox"/> Unsteady <input type="checkbox"/> Feet wide apart	<input type="checkbox"/> Falling <input type="checkbox"/> Holding on	<input type="checkbox"/> Unable to stand <input type="checkbox"/> Rigid
2. SPEECH <input type="checkbox"/> Shouting <input type="checkbox"/> Slurred	<input type="checkbox"/> Whispering <input type="checkbox"/> Slobbering	<input type="checkbox"/> Slow <input type="checkbox"/> Incoherent	<input type="checkbox"/> Rambling
3. ACTIONS <input type="checkbox"/> Resisting communications <input type="checkbox"/> Fighting/insubordinate <input type="checkbox"/> Hyperactive	<input type="checkbox"/> Insulting <input type="checkbox"/> Profanity <input type="checkbox"/> Crying	<input type="checkbox"/> Hostile <input type="checkbox"/> Threatening <input type="checkbox"/> Indifferent	<input type="checkbox"/> Drowsy <input type="checkbox"/> Erratic
4. EYES <input type="checkbox"/> Bloodshot <input type="checkbox"/> Droopy	<input type="checkbox"/> Watery <input type="checkbox"/> Closed	<input type="checkbox"/> Dilated <input type="checkbox"/> Wearing sunglasses	<input type="checkbox"/> Glassy
5. FACE <input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty	
6. APPEARANCE <input type="checkbox"/> Disheveled <input type="checkbox"/> Having odor	<input type="checkbox"/> Messy <input type="checkbox"/> Stains on clothing	<input type="checkbox"/> Dirty	<input type="checkbox"/> Partially dressed
7. BREATH <input type="checkbox"/> Alcoholic odor	<input type="checkbox"/> Faint alcohol odor	<input type="checkbox"/> No alcohol odor	<input type="checkbox"/> Marijuana odor
8. MOVEMENTS <input type="checkbox"/> Fumbling <input type="checkbox"/> Hyperactive	<input type="checkbox"/> Jerky	<input type="checkbox"/> Slow	<input type="checkbox"/> Nervous
9. EATING/CHEWING <input type="checkbox"/> Gum <input type="checkbox"/> Other	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints	<input type="checkbox"/> Tobacco
Other observations:			

Did the employee admit to using drugs or alcohol? Yes No

When? _____ Substance? _____

How much? _____ Where taken? _____

WITNESSED BY:

Name _____ Name _____
PLEASE PRINT

Title _____ Title _____

Preparation Date _____ Time _____ a.m. p.m. Preparation Date _____ Time _____ a.m. p.m.

Signature _____ Signature _____

TEST WITHIN TWO (2) HOURS OF A REASONABLE SUSPICION DETERMINATION

PLACE IN EMPLOYEE'S CONFIDENTIAL FILE

