

REASONABLE SUSPICION DOCUMENTATION FOR SIGNS OF DRUG/ALCOHOL ABUSE

Use this form every time an employee is suspected of drug or alcohol abuse by observations of articulable actions, appearance or conduct which constitutes a major change in appearance and/or behavior.

Employee's Name: _____ Department: _____
 Social Security Number: _____ Badge Number: _____ DOT Non-DOT
 Date of Observation: _____ Location: _____
 Time of Observation: From _____ a.m. /p.m. To _____ a.m. /p.m.

OBSERVED EMPLOYEE BEHAVIOR – CHECK ALL APPROPRIATE ITEMS.

PHYSICAL	BEHAVIORAL																																																						
<p>Appearance:</p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Flushed complexion</td></tr> <tr><td><input type="checkbox"/></td><td>Disheveled clothing</td></tr> <tr><td><input type="checkbox"/></td><td>Unkempt personal grooming</td></tr> <tr><td><input type="checkbox"/></td><td>Blood shot eyes</td></tr> <tr><td><input type="checkbox"/></td><td>Drowsiness</td></tr> <tr><td><input type="checkbox"/></td><td>Relaxed posture</td></tr> <tr><td><input type="checkbox"/></td><td>Eye-hand coordination problems</td></tr> <tr><td><input type="checkbox"/></td><td>Fumbling/Poor dexterity</td></tr> <tr><td><input type="checkbox"/></td><td>Trembling extremities</td></tr> </table> <p>Physical Symptoms:</p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Spasmodic jerks</td></tr> <tr><td><input type="checkbox"/></td><td>Glazed look/Inability to focus</td></tr> <tr><td><input type="checkbox"/></td><td>Light sensitivity</td></tr> <tr><td><input type="checkbox"/></td><td>Perspiring</td></tr> <tr><td><input type="checkbox"/></td><td>Body/Breath odor of alcohol</td></tr> </table>	<input type="checkbox"/>	Flushed complexion	<input type="checkbox"/>	Disheveled clothing	<input type="checkbox"/>	Unkempt personal grooming	<input type="checkbox"/>	Blood shot eyes	<input type="checkbox"/>	Drowsiness	<input type="checkbox"/>	Relaxed posture	<input type="checkbox"/>	Eye-hand coordination problems	<input type="checkbox"/>	Fumbling/Poor dexterity	<input type="checkbox"/>	Trembling extremities	<input type="checkbox"/>	Spasmodic jerks	<input type="checkbox"/>	Glazed look/Inability to focus	<input type="checkbox"/>	Light sensitivity	<input type="checkbox"/>	Perspiring	<input type="checkbox"/>	Body/Breath odor of alcohol	<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Change in speech pattern</td></tr> <tr><td><input type="checkbox"/></td><td>Loud/Incoherent speech</td></tr> <tr><td><input type="checkbox"/></td><td>Excessively talkative</td></tr> <tr><td><input type="checkbox"/></td><td>Inappropriate laughter</td></tr> <tr><td><input type="checkbox"/></td><td>Exaggerated pronunciation</td></tr> <tr><td><input type="checkbox"/></td><td>Moody/Sullen/Depressed</td></tr> <tr><td><input type="checkbox"/></td><td>Easily distracted</td></tr> <tr><td><input type="checkbox"/></td><td>Mood swings</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of inhibitions/Risk taking</td></tr> <tr><td><input type="checkbox"/></td><td>Paranoid reactions to events</td></tr> <tr><td><input type="checkbox"/></td><td>Complaints of stomach "flu"</td></tr> <tr><td><input type="checkbox"/></td><td>General malaise</td></tr> <tr><td><input type="checkbox"/></td><td>Frequent use of: Breath mints/Breath sprays/ Mouth wash/Eye drops.</td></tr> </table>	<input type="checkbox"/>	Change in speech pattern	<input type="checkbox"/>	Loud/Incoherent speech	<input type="checkbox"/>	Excessively talkative	<input type="checkbox"/>	Inappropriate laughter	<input type="checkbox"/>	Exaggerated pronunciation	<input type="checkbox"/>	Moody/Sullen/Depressed	<input type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Loss of inhibitions/Risk taking	<input type="checkbox"/>	Paranoid reactions to events	<input type="checkbox"/>	Complaints of stomach "flu"	<input type="checkbox"/>	General malaise	<input type="checkbox"/>	Frequent use of: Breath mints/Breath sprays/ Mouth wash/Eye drops.
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How is employee's behavior different than previous observed on-the-job behavior?

To the best of my knowledge and belief, this report represents the appearance/conduct of the above named employee, observed by me and upon which I base my decision to require said employee to submit to reasonable suspicion drug/alcohol testing.

 Supervisor (Print Name) Supervisor Signature Date/Time

To the best of my knowledge and belief, this report represents the appearance/conduct of the above named employee, observed by me and upon which I base my decision to require said employee to submit to reasonable suspicion drug/alcohol testing.

 Confirming Supervisor (Print Name) Confirming Supervisor Signature Date/Time