REASONABLE SUSPICION DOCUMENTATION FORM

☐ EMPLOYEE IS REPORTING FOR DUTY ☐ EMPLOYEE IS ALREADY ON DUTY

EMPLOYEE NAME:	DATE OF OBSERVATION:
LOCATION:	TIME OF OBSERVATION: FROM: AM/PM TO AM/PM

OBSERVED PERSONAL BEHAVIOR (CHECK ALL THAT APPLY)

BREATH: (ODOR OF ALCOHOLIC BEVERAGE)	☐ STRONG ☐ NONE	☐ FAINT	☐ MODERATE
EYES:	☐ BLOODSHOT ☐ CLEAR ☐ DILATED PUPILS	☐ GLASSY ☐ HEAVY EYELIDS	☐ NORMAL ☐ FIXED PUPILS
SPEECH:	☐ GOOD ☐ ACCENT ☐ SLURRED ☐ COTTON MOUTHED	☐ FAIR ☐ MUMBLED ☐ CONFUSED ☐ NOT UNDERSTANDABLE	☐ THICK TONGUED ☐ STUTTERED ☐ MUSH MOUTHED ☐ OTHER:
ATTITUDE:	☐ EXCITED ☐ HILARIOUS ☐ INSULTING ☐ SLEEPY ☐ POLITE	☐ COMBATIVE ☐ INDIFFERENT ☐ CARE FREE ☐ COOPERATIVE ☐ OTHER:	☐ HILARIOUS ☐ TALKATIVE ☐ COCKY ☐ PROFANE
UNUSUAL ACTION:	☐ HICCOUGHING ☐ FIGHTING ☐ OTHER:	☐ BELCHING ☐ CRYING	☐ VOMITING ☐ LAUGHING
BALANCE:	☐ FALLING ☐ SWAYING	☐ NEEDS SUPPORT ☐ OTHER:	☐ WOBBLING
WALKING:	☐ FALLING ☐ SWAYING	☐ STAGGERING ☐ OTHER:	☐ STUMBLING
TURNING:	☐ FALLING ☐ SWAYING	☐ STAGGERING ☐ HESITANT	☐ STUMBLING ☐ OTHER:
ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:			
SIGNS OR COMPLAINTS OF ILLNESS OR INJURY:			

SUPERVISOR'S OPINION

EFFECTS OF ALCOHOL/DRUG INTOXICATION	☐ NONE ☐ SLIGHT ☐ OBVIOUS ☐ EXTREME	
OPERATION OF EQUIPMENT	☐YES ☐NO	COMMENTS:
ADDITIONAL COMMENTS:		

REASONABLE SUSPICION TEST PERFORMED ☐ YES ☐ NO DATE: ___/___/___ TIME: _____AM/PM

CLINIC: _____

REASONABLE SUSPICION TEST REFUSED ☐ YES ☐ NO DATE: ___/___/___ TIME: _____AM/PM

SIGNATURE OF SUPERVISOR: _____ DATE: ___/___/___ TIME: _____AM/PM

SIGNATURE OF WITNESS: _____ DATE: ___/___/___ TIME: _____AM/PM