

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

PERSONNEL OFFICE USE ONLY

Employee Number _____

Location _____

Incident Number _____

DRIVER'S NAME _____	DATE OBSERVED _____
ADDRESS OF INCIDENT: Street _____ City _____ State _____ Zip Code _____	TIME OBSERVED FROM _____ a.m. p.m. TO _____ a.m. 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

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

Other observations: _____

Did employee admit to using drugs or alcohol? Yes No

When: _____ Substance: _____

How much: _____ Where taken: _____

WITNESSED BY:

Signature	Title	Preparation date	Time
Signature	Title	Preparation date	Time

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A
REASONABLE SUSPICION DETERMINATION.