REASONABLE SUSPICION FORM

INSTRUCTIONS: Use this form to record observations of employee behavior or performance that you believe may be the result of prohibited drug and/or alcohol use. Check all that apply. Write any additional information in the spaces provided. After completing the form, obtain confirmation of reasonable suspicion from another trained supervisor. If the confirming supervisor is present at the work site or can arrive within 30 minutes of your initial observation, he or she should attempt to personally observe the employee to confirm reasonable suspicion. After confirmation, you may order the employee to a reasonable suspicion drug and/or alcohol test. If after making a reasonable effort, you are unable to locate another trained supervisor within 30 minutes of your initial observation or the confirming supervisor does not agree with your observations, you may order the employee to a reasonable suspicion test anyway.

Name of Employee Observed          Department          Social Security Number

Date & Time of Observation          Location of Observation

(Month)    (Day)    (Year)    (Time)    (AM/PM)    (Building/Road/Area)

PHYSICAL INDICATORS

APPEARANCE
___Messy
___Dirty/Stained Clothing
___Burns on Person/Clothing
___Ripped/Torn Clothing
___Odor on Person/Clothing
___Partially Dressed
___Appears Normal

EYES
___Watery
___Bloodshot
___Glassy
___Droopy Eye Lids
___Closed
___Appears Normal

FACE
___Red
___Runny Nose
___Dry Mouth
___Pale
___Slobbering
___Grinding Teeth
___Sweaty
___Cuts/Abrasions
___Appears Normal

BREATH / ODOR
___Alcoholic Beverage
___Strong
___Chemical
___Mild
___Faint
___Nothing Noticeable

Notes: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SPEECH INDICATORS

___Shouting
___Slow
___Incoherent
___Silent
___Rambling
___Rapid

___Whispering
___Thick/Slurred
___Repetitive
___Profane
___Appears Normal

Notes: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

BEHAVIORAL INDICATORS

DEMEANOR
___Cooperative
___Drowsy
___Talkative
___Fighting
___Disoriented
___Polite
___Crying
___Excited
___Anxious
___Inattentive

Calm
___Silent
___Sarcastic
___Mood Swings
___Appears Normal

Notes: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ACTIONS
___Fighting
___Erratic
___Threatening
___Non-communicative

___Profane
___Hostile
___Hyperactive
___Appears Normal

Notes: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________
PERFORMANCE INDICATORS

STANDING

__ Swaying  __ Locked Knees
__ Rigid  __ Feet Wide Apart
__ Unbalanced  __ Sagging at Knees
__ Appears Normal

WALKING

__ Stumbling  __ Staggering  __ Falling
__ Swaying  __ Unsteady  __ Rapid
__ Holding On  __ Rigid  __ Stiff Legged
__ Appears Normal

Notes:  ____________________________________________________________

SKILLS

__ Yes  __ No  __ N/A  Performed a thorough pre-op inspection and preventive maintenance.
__ Yes  __ No  __ N/A  Started and idled the vehicle properly.
__ Yes  __ No  __ N/A  Put vehicle in motion safely and smoothly.
__ Yes  __ No  __ N/A  Shifted transmission smoothly and efficiently.
__ Yes  __ No  __ N/A  Drove on roadway safely and properly, observed all traffic laws.
__ Yes  __ No  __ N/A  Passed other vehicles safely, legally and only when necessary.
__ Yes  __ No  __ N/A  Properly turned vehicle.
__ Yes  __ No  __ N/A  Proceeded through intersections properly.
__ Yes  __ No  __ N/A  proceeded through railroad crossing properly.
__ Yes  __ No  __ N/A  Followed safe backing procedures.
__ Yes  __ No  __ N/A  Transported and dumped material correctly.
__ Yes  __ No  __ N/A  Operated vehicles safely while towing equipment.
__ Yes  __ No  __ N/A  Parked and shut down vehicle properly.

Notes:  ____________________________________________________________

RECOMMENDED ACTION (Check all that apply)

____ ALCOHOL TEST  ____ CONTROLLED SUBSTANCE TEST

OBSERVER’S NAME (Please print) ___________________________ DEPARTMENT ___________________________

SIGNATURE ____________________________________________ DATE ___________________________

REVIEWER’S NAME (Please print) ___________________________ DEPARTMENT ___________________________

SIGNATURE ____________________________________________ DATE ___________________________

CONFIDENTIAL - - This document contains personal information and should be kept confidential in order to protect against unauthorized disclosure.