BINGHAMTON UNIVERSITY
PO Box 6000
Binghamton, NY 13902-6000

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	**EYES**	**FACE**	**BREATH / ODOR**
___Messy	___Watery	___Red	___Alcoholic Beverage
___Dirty/Stained Clothing	___Bloodshot	___Runny Nose	___Strong
___Burns on Person/Clothing	___Glassy	___Dry Mouth	___Chemical
___Ripped/Torn Clothing	___Droopy Eye Lids	___Pale	___Mild
___Odor on Person/Clothing	___Closed	___Slobbering	___Faint
___Partially Dressed	___Appears Normal	___Grinding Teeth	___Nothing Noticeable
___Appears Normal		___Sweaty	
		___Cuts/Abrasions	
		___Appears Normal	

Notes: ____

SPEECH INDICATORS

___Shouting	___Slow	___Incoherent	___Silent	___Rambling	___Rapid
___Whispering	___Thick/Slurred	___Repetitive	___Profane	___Appears Normal	

Notes: ____

BEHAVIORAL INDICATORS

DEMEANOR			**ACTIONS**	
___Cooperative	___Polite	___Calm	___Fighting	___Profane
___Drowsy	___Crying	___Silent	___Erratic	___Hostile
___Talkative	___Excited	___Sarcastic	___Threatening	___Hyperactive
___Fighting	___Anxious	___Mood Swings	___Non-communicative	___Appears Normal
___Disoriented	___Inattentive	___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.

STATE UNIVERSITY OF NEW YORK