OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Branch or Plant _____

EMPLOYEE'S NAME	DATE OBSERVED
ADDRESS OF INCIDENT Street, City, State, Zip	TIME OBSERVED FROM _____ ☐ a.m. ☐ p.m. TO ☐ a.m. ☐ p.m.

Reasonable suspicion determined for ☐ **Alcohol** ☐ **Drugs** **Mark items that apply and describe specifics.**

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

Did the employee admit to using drugs or alcohol? ☐ **Yes** ☐ **No**

When? _____ **Substance?** _____

How much? _____ **Where taken?** _____

WITNESSED BY:

Name _____ Name _____
PLEASE PRINT PLEASE PRINT

Title _____ Title _____

Preparation Date _____ Time _____ ☐ a.m. ☐ p.m. Preparation Date _____ Time _____ ☐ a.m. ☐ p.m.

Signature _____ Signature _____

TEST WITHIN TWO (2) HOURS OF A REASONABLE SUSPICION DETERMINATION

PLACE IN EMPLOYEE'S CONFIDENTIAL FILE