

OBSERVED BEHAVIOR-REASONABLE CAUSE RECORD

EMPLOYEE: Name _____

Identification Number _____

OBSERVATION: Date _____ Time (from _____ am/pm to _____ am/pm)

Location _____

1. Presence of Drugs or drug Paraphernalia (specify): _____

2. <u>Appearance:</u>	Normal	Flushed	Puncture Marks	Tremors
	Disheveled	Bloodshot Eyes	Dry-mouth	
	Profuse Sweating	Dilated/Constricted Pupils	Other: _____	

3. <u>Behavior</u>					
Speech	Normal	Incoherent	Slurred	Silent	Confused
	Slowed	Whispering	Other: _____		

Awareness:	Normal	Confused	Mood Swings	Euphoria	Lethargic
	Lack of Coordination	Paranoid	Disoriented	Other: _____	

4. <u>Motor Skills</u>					
Balance	Normal	Swaying	Falling	Staggering	Other: _____
Walking & Turning	Normal	Swaying	Arms Raised for Balance	Stumbling	
	Falling	Reaching for Support	Other: _____		

5. Other observed actions of behavior: _____

Behavior/Reasonable Cause

WITNESSED BY: _____

(Signature)	(Title)	(Date)	(Time)
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(Signature)	(Title)	(Date)	(Time)
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This document must be prepared and signed by the witness within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 391.99(d)).

[Adoption date: November 20, 1995]

Revised: July 17, 1996