

REASONABLE SUSPICION OBSERVATIONS

Employee Name: _____

Employee Job Title: _____ Department/School: _____

Date of Observation: _____ Time: _____ ☐ AM ☐ PM

Is the employee performing safety-sensitive duties? ☐ Yes ☐ No

Contact Professional Standards Immediately, Ext. 20256, Cell (386) 717-1878 or (386) 279-3412

Observations: Check **ALL** that apply:

BEHAVIOR

- ☐ stumbled
- ☐ drowsy, sleepy, lethargic
- ☐ agitated, anxious, restless
- ☐ hostile, withdrawn
- ☐ unresponsive, distracted
- ☐ clumsy, uncoordinated
- ☐ tremors, shakes
- ☐ flu-like illness complaints
- ☐ suspicious, paranoid
- ☐ hyperactive, fidgety
- ☐ frequent use of mints, mouthwash, breath sprays, eye drops
- ☐ inappropriate, uninhibited behavior

APPEARANCE

- ☐ flushed complexion
- ☐ sweating
- ☐ cold, clammy, sweats
- ☐ bloodshot eyes
- ☐ tearing, watery eyes
- ☐ dilated (large) pupils
- ☐ constricted (pinpoint) pupils
- ☐ unfocused, blank stare
- ☐ disheveled clothing
- ☐ unkempt grooming

SPEECH

- ☐ slurred, thick
- ☐ incoherent
- ☐ exaggerated enunciation
- ☐ loud, boisterous
- ☐ rapid, pressured
- ☐ excessively talkative
- ☐ nonsensical, silly
- ☐ cursing

BODY ODOR

- ☐ alcohol
- ☐ marijuana

☐ Other Observations: _____

The above documented observations were made of the employee identified

Administrator's Name (Printed)

Signature

Date

Witness Name (Printed)

Signature

Date

Test Determination:

- | | |
|--|--|
| ☐ Reasonable Suspicion /Alcohol Breath Test | ☐ No Test Conducted |
| ☐ Reasonable Suspicion Drug Urine Test | ☐ 8 hours elapsed |
| ☐ No Test Required | ☐ No collection available |
| ☐ Employee Refused Test | ☐ Employee transported for medical care |
| ☐ Other (explain): _____ | |

Employee transported to collection site by: _____

Time transported: _____ ☐ AM ☐ PM Collection site: _____

Mobile testing specialist used: _____ Time arrived: _____ ☐ AM ☐ PM

If test results are positive or you have reason to believe the employee is incapable of driving, it is MANDATORY that the employee NOT drive. The employee needs to be driven home or arrangements must be made for transportation. Return this completed form to Professional Standards.