

REASONABLE SUSPICION Supervisor's Written Report

STEP 1: OBSERVED EMPLOYEE INFORMATION

EMPLOYEE NAME: SSN/ID#:

POSITION: D.O.T. Regulated? YES No

STEP 2: TRAINED SUPERVISOR INFORMATION

OBSERVING SUPERVISOR'S NAME:

WITNESS (if any):

DATE OF SUSPECT BEHAVIOR/INCIDENT: TIME:

EXACT LOCATION OBSERVED:

STEP 3: TRAINED SUPERVISOR'S OBSERVATIONS (Circle all that apply):

PHYSICAL SIGNS & SYMPTOMS BEING OBSERVED – TODAY
Based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or odors.

<input type="checkbox"/> AGGRESSIVE	<input type="checkbox"/> ARGUMENTIVE	<input type="checkbox"/> PHYSICAL FIGHTING	<input type="checkbox"/> OVERLY TALKITIVE	<input type="checkbox"/> TALKS TOO FAST
<input type="checkbox"/> ADMITS USE	<input type="checkbox"/> LARGE PUPILS	<input type="checkbox"/> RED FACE	<input type="checkbox"/> EXCESSIVE SWEATING	<input type="checkbox"/> BITTING LIP
<input type="checkbox"/> GRIND TEETH	<input type="checkbox"/> JERKY MOVEMENTS	<input type="checkbox"/> LEG BOUNCE	<input type="checkbox"/> OVER HEATED	<input type="checkbox"/> DEBRIS IN NOSE
<input type="checkbox"/> SLEEPING	<input type="checkbox"/> NODDING OFF	<input type="checkbox"/> DROPPY EYE LIDS Po	<input type="checkbox"/> SLURRED SPEECH	<input type="checkbox"/> SMALL PUPIL
<input type="checkbox"/> PALE FACE	<input type="checkbox"/> SCRATCHING ARMS/Face	<input type="checkbox"/> POOR BALANCE	<input type="checkbox"/> NEEDS SUPPORT	<input type="checkbox"/> SPACED OUT LOOK
<input type="checkbox"/> SMELL	<input type="checkbox"/> POOR ATTENTION	<input type="checkbox"/> OVERLY LOUD Speech	<input type="checkbox"/> OVERLY SOFT Speech	<input type="checkbox"/> CRYING
<input type="checkbox"/> FOUND Baggy	<input type="checkbox"/> FOUND Pills	<input type="checkbox"/> FOUND Powder	<input type="checkbox"/> FOUND Pipe	<input type="checkbox"/> FOUND Contraband

STEP 4: TRAINED SUPERVISOR'S WRITTEN REPORT (Who, What, When, Why and How): * Please use back on this form, please sign your report when finished.

SUPERVISOR'S CERTIFICATION

I certify, based on my personal training and/or experience, I suspect the above employee may be working while impaired. I am directly the above employee be immediately transported to FDTS, Inc. Inc. for a Reasonable Suspicion drug & breath alcohol testing, in accordance with our current policies and procedures.

OBSERVING SUPERVISOR'S Date

SIGNATURE: Employee's Signature: Date

Reasonable Cause Drug & Alcohol Training available at this link: <https://fdtsi.com/training>