

# OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

**PERSONNEL OFFICE USE ONLY**

Employee/Contractor ID \_\_\_\_\_

Location \_\_\_\_\_

Incident Number \_\_\_\_\_

EMPLOYEE/CONTRACTOR NAME	DATE OBSERVED
EMPLOYER NAME	TIME OBSERVED
ADDRESS OF INCIDENT: Street _____ City _____ State _____ Zip Code _____	FROM _____ a.m. p.m.  TO _____ a.m. p.m.

Record employee/contractor observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 *Reasonable Suspicion Testing*, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

**Reasonable suspicion determined for:**     **Alcohol**     **Drugs**

**Mark items that apply and describe specifics**

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

Other observations: \_\_\_\_\_

Did employee/contractor admit to using drugs or alcohol?     Yes     No  
 When: \_\_\_\_\_ Substance: \_\_\_\_\_  
 How much: \_\_\_\_\_ Where taken: \_\_\_\_\_

**WITNESSED BY:**

Signature	Title	Preparation date	Time _____ a.m. p.m.
Signature	Title	Preparation date	Time _____ a.m. p.m.

**THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.**

**EMPLOYER RETAIN IN EMPLOYEE'S/CONTRACTOR'S CONFIDENTIAL FILE**