WWW.TUYO.PRO

REASONABLE SUSPICION DETERMINATION REPORT

COMPANY NAME: _____

EMPLOYEE NAME: _____

ID/CDL#:

DATE/TIME OF OBSERVATION: ____ - ____ - ____ ____ : ____ **AM/PM**

DATE/TIME OF DETERMINATION TO TEST: ____ - ____ - ____ ____ : ____ **AM/PM**

Observed Indicators of Prohibited Drug Use/Alcohol Misuse: *Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee. Check all indicators observed:*

PHYSICAL INDICATORS	BEHAVIORAL INDICATORS	SPEECH INDICATORS
☐ Bloodshot or watery eyes	☐ Fidgety/agitated	☐ Slurred or slowed speech
☐ Flushed or very pale complexion	☐ Irregular breathing	☐ Loud, boisterous
☐ Extensive sweating/skin clamminess	☐ Nausea/vomiting	☐ Incoherent, nonsensical
☐ Dilated or constricted pupils	☐ Slow reactions	☐ Repetitious, rambling
☐ Disheveled clothing/unkept grooming	☐ Unstable walking	☐ Rapid, pressured
☐ Unfocused, blank stare	☐ Poor coordination	☐ Excessive talkativeness
☐ Runny or bleeding nose	☐ Hand tremors	☐ Exaggerated enunciation
☐ Jerky eye movement	☐ Suspicious, paranoid	☐ Cursing, inappropriate speech
☐ Body odor _____	☐ Depressed, withdrawn	☐ Inability to concentrate
	☐ Lackadaisical attitude	☐ Impulsive, unusual risk-taking
	☐ Irritable, moody	☐ Delayed decision-making
	☐ Extreme fatigue	☐ Reduced alertness

WRITTEN SUMMARY

Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed.

_____

_____

_____

_____

_____

CONTINUED

TESTING INFORMATION:

Collection Site Name:_____ Time Arrived:_____:_____**AM/PM**

ALCOHOL
If suspicion of **alcohol**, was the **alcohol** test performed within **2** hours of the reasonable suspicion determination? YES NO, **Explain:**_____ **N/A**
If suspicion of **alcohol**, was the **alcohol** test performed within **8** hours of the reasonable suspicion determination? YES NO, **Explain:**_____ **N/A**
If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.

DRUGS
If suspicion of **drugs**, was the **drug** test performed within **2** hours of the reasonable suspicion determination? YES NO, **Explain:**_____ **N/A**
If suspicion of **drugs**, was the **drug** test performed within **32** hours of the reasonable suspicion determination? YES NO, **Explain:**_____ **N/A**
If the drug test is not conducted within 32 hours cease all efforts to administer the test.

The above documentation of the above named employee was provided by:

SUPERVISOR NAME:_____

PHONE #:_____

SIGNATURE:_____ DATE:_____