

OBSERVED BEHAVIOR/REASONABLE SUSPICION RECORD

EMPLOYEE NAME:

DATE:

ADDRESS OF INCIDENT:

Street

City

State

Zip Code

TIME:

Reasonable suspicion determined for:

☐ Alcohol

☐ Drugs

Mark items that apply and describe specifics

1. **WALKING/BALANCE:**

☐ Stumbling

☐ Staggering

☐ Falling

☐ Unsteady

☐ Swaying

☐ Unable to stand

☐ Holding on

☐ Rigid

☐ Sagging at knees

☐ Feet wide apart

2. **SPEECH:**

☐ Shouting

☐ Whispering

☐ Slow

☐ Rambling

☐ Slurred

☐ Slobbering

☐ Incoherent

3. **ACTIONS:**

☐ Indifferent

☐ Insulting

☐ Hostile

☐ Drowsy

☐ Fighting/insubordinate

☐ Profanity

☐ Threatening

☐ Erratic

☐ Hyperactive

☐ Crying

☐ Resisting communications

4. **EYES:**

☐ Bloodshot

☐ Watery

☐ Dilated

☐ Glassy

☐ Droopy

☐ Wearing sunglasses

☐ Closed

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

☐ Marijuana odor

8. **MOVEMENTS:**

☐ Fumbling

☐ Jerky

☐ Slow

☐ Nervous

☐ Hyperactive

9. **EATING/CHEWING:**

☐ Gum

☐ Candy

☐ Mints

☐ Tobacco

Other observations:

Did employee admit to using drugs or alcohol?

☐ Yes ☐ No

When: _____

Substance: _____

How much: _____

Where taken: _____

Signature

Title

Preparation date

Time

Signature

Title

Preparation date

Time

An alcohol test must be administered within eight hours following a reasonable suspicion determination.