**EMPLOYER NAME/LOGO**

**Reasonable Suspicion Determination Report**

Employee Name: Employee ID/SSN:

Date of Observation: Time of Observation: 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** * Observable physical evidence

(drugs and/or paraphernalia)* Bloodshot or watery eyes
* Flushed or very pale complexion
* Extensive sweating/skin clamminess
* Dilated or constricted pupils
* Disheveled clothing/unkempt

grooming* Unfocused, blank stare
* Runny or bleeding nose
* Puncture marks
* Jerky eye movement
* Body odor
 | **Behavioral Indicators*** Fidgety/agitated
* Irregular breathing
* Nausea/vomiting
* Slow reactions
* Unstable walking
* Poor coordination
* Hand tremors
* Suspicious, paranoid
* Depressed, withdrawn
* Lackadaisical attitude
* Irritable, moody
* Extreme fatigue
 | **Speech Indicators*** Slurred or slowed speech
* Loud, boisterous
* Incoherent, nonsensical
* Repetitious, rambling
* Rapid, pressured
* Excessive talkativeness
* Exaggerated enunciation
* Cursing, inappropriate speech
* Inability to concentrate
* Impulsive, unusual

risk-taking* Delayed decision-making
* Reduced alertness
 |

**Written Summary**

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

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**Testing Information:**

Collection Site Location: Time Arrived: AM/PM

1. Was the **alcohol** test performed within **2** hours of the time of the observations that led to the reasonable suspicion determination?

 YES

 NO, **Explain:**

1. Was the **alcohol** test performed within **8** hours of the time of the observations that led to the reasonable suspicion determination?

 YES

 NO, **Explain:**

**If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.**

*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

Supervisor Name: Phone No:

Signature: Date: