

DRUG AND ALCOHOL REASONABLE SUSPICION OBSERVATION_____
Employee's Name_____
Date of Observation

Time of Observation From _____ a.m./p.m. to _____ a.m./p.m.

Location: _____

Observed personal behavior: (check all appropriate items)

Speech: _____ Normal _____ Incoherent _____ Confused _____ Loud
 _____ Slurred _____ Whispering _____ Silent _____ Disruptive

Balance: _____ Normal _____ Swaying _____ Staggering _____ Falling

Walking & Turning: _____ Normal _____ Stumbling _____ Swaying _____ Falling
 _____ Arms raised for balance _____ Reaching for supportAwareness: _____ Normal _____ Confused _____ Paranoid
 _____ Sleepy or Stupor _____ Lack of coordination

Odor: _____ Normal _____ Alcohol _____ Burned rope

Appearance: _____ Red Eyes _____ Vomiting _____ Half closed eyes

Comments: _____

Reasonable suspicion of current use or impaired by _____ alcohol _____ drugs

Above behavior witnessed by:

Signed_____
Date_____
Signed (optional)_____
Date

This form must be completed by each trained employee observing the driver suspected of drug use and/or alcohol misuse by behavior, speech and/or odor while on duty, the earlier of within twenty-four hours of the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, contemporaneous and articulable concerning the appearance, behavior, speech and body odor of the driver.