

**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: (circle all appropriate items)

<u>Speech:</u>	Normal	Incoherent	Confused	Loud
	Slurred	Whispering	Silent	Disruptive

<u>Balance:</u>	Normal	Swaying	Staggering	Falling
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<u>Walking &amp; Turning:</u>	Normal	Stumbling	Swaying	Falling
	Arms raised for balance	Reaching for support		

<u>Awareness:</u>	Normal	Confused	Paranoid
	Sleepy or Stupor	Lack of coordination	

<u>Odor:</u>	Normal	Alcohol	Burned rope
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<u>Appearance:</u>	Red Eyes	Vomiting	Half closed eyes
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Comments: \_\_\_\_\_

\_\_\_\_\_

Reasonable suspicion of current use or impaired by \_\_\_\_\_ alcohol \_\_\_\_\_ drugs

Above behavior witnessed by:

_____ Signed	_____ Date
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_____ Signed (optional)	_____ Date
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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.