

OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD

(49 CFR 382.307 (f))

Employee Name: _____
ID Number: _____

Observation Date: _____ Time: (From _____ am/pm to _____ am/pm)
Location: _____
(Street) (City) (State) (Zip)

CAUSE FOR SUSPICION

1. Presence of Drug, Alcohol, and/or Paraphernalia (specify): _____

2. Appearance: Normal Flushed Tremors Body Odor
 Disheveled Bloodshot Eyes Runny Nose/Sores
 Profuse Sweating Puncture Marks Dry-Mouth Symptoms
 Dilated/Constricted Pupils Inappropriate Wearing of Sunglasses
 Other _____

3. Behavior
Speech: Normal Incoherent Slurred Silent
 Slowed Whispering Confused
 Other _____

Awareness: Normal Confused Paranoid Euphoria
 Disoriented Lethargic Lack of Coordination
 Other _____

4. Motor Skills
Balance: Normal Swaying Falling Staggering
 Other _____

Walking & Turning: Normal Swaying Arms Raised for Balance
 Stumbling Falling Reaching for Support
 Other _____

5. Other Observed Action or Behavior (specify): _____

Witnessed by: (must be a supervisor or company official trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances)

(Signature) (Title) _____ am/pm (Date) (Time)

(2nd Signature) (Title) _____ am/pm (Date) (Time)

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307(f))

