

REASONABLE SUSPICION OBSERVATIONS

Employee Name: _____

Employee Job Title: _____ Department/School: _____

Date of Observation: _____ Time: _____ AM PM

Is the employee performing safety-sensitive duties? Yes No

Contact Robert Ouellette, Manager, Office of Professional Standards, Ext. 20257, Cell (386) 235-1639

Observations: Check **ALL** that apply:

BEHAVIOR

- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- frequent use of mints, mouthwash, breath sprays, eye drops
- inappropriate, uninhibited behavior

APPEARANCE

- flushed complexion
- sweating
- cold, clammy, sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt grooming

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing

BODY ODOR

- alcohol
- marijuana

Other Observations: _____

The above documented observations were made of the employee identified

Administrator's Name (Printed)

Signature

Date

Witness Name (Printed)

Signature

Date

Test Determination:

- | | |
|--|--|
| <input type="checkbox"/> Reasonable Suspicion /Alcohol Breath Test | <input type="checkbox"/> No Test Conducted |
| <input type="checkbox"/> Reasonable Suspicion Drug Urine Test | <input type="checkbox"/> 8 hours elapsed |
| <input type="checkbox"/> No Test Required | <input type="checkbox"/> No collection available |
| <input type="checkbox"/> Employee Refused Test | <input type="checkbox"/> Employee transported for medical care |
| <input type="checkbox"/> Other (explain): _____ | |

Employee transported to collection site by: _____

Time transported: _____ AM PM Collection site: _____

Mobile testing specialist used: _____ Time arrived: _____ AM PM

If test results are positive or you have reason to believe the employee is incapable of driving, it is MANDATORY that the employee NOT drive. The employee needs to be driven home or arrangements must be made for transportation. Return this completed form to Robert Ouellette in Professional Standards.