**Reasonable Suspicion Determination Report**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** |  | |  | **Employee ID/SSN:** |  | | |
|  |  | |  |  |  | | |
| **Date of Observation:** |  | |  | **Time of Observation:** |  | | **AM/PM** |
|  |  | |  |  |  | |  |
| **Date of Determination to Test:** | |  |  | **Time of Determination to Test:** | |  | **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** | |  | **Behavioral Indicators** | |  | **Speech Indicators** | |
|  | Observable physical evidence (drug and/or paraphernalia) |  |  | Fidgety/agitated |  |  | Slurred or slowed speech |
|  | Bloodshot or watery eyes |  |  | Irregular breathing |  |  | Loud, boisterous |
|  | Flushed or very pale complexion |  |  | Nausea/vomiting |  |  | Incoherent, nonsensical |
|  | Extensive sweating/skin clamminess |  |  | Slow reactions |  |  | Repetitious, rambling |
|  | Dilated or constricted pupils |  |  | Unstable walking |  |  | Rapid, pressured |
|  | Disheveled clothing/unkempt grooming |  |  | Poor condition |  |  | Extensive talkativeness |
|  | Unfocused, blank stare |  |  | Hand tremors |  |  | Exaggerated enunciation |
|  | Runny or bleeding nose |  |  | Suspicious, paranoid |  |  | Cursing, inappropriate speech |
|  | Puncture marks |  |  | Depressed, withdrawn |  |  | Inability to concentrate |
|  | Jerky eye movement |  |  | Lackadaisical attitude |  |  | Impulsive, unusual risk-taking |
|  | Body odor |  |  | Irritable, moody |  |  | Delayed decision-making |
|  |  | Extreme fatigue |  |  | Reduced alertness |

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

**Reasonable Suspicion Determination: Testing Information**

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| --- | --- |
| **Reasonable Suspicion Test Performed** | |
|  | |
|  | **Yes** |
|  | **No** |

|  |  |  |
| --- | --- | --- |
|  |  | |
| **Collection Site Location:** |  | |
|  |  | |
| **Date** |  | |
| **Time Arrived:** |  | **AM/PM** |

|  |  |  |
| --- | --- | --- |
| **Reasonable Suspicion Test Refused** | | |
|  | | |
|  | **Yes** | |
|  | **No** | |
|  |  | |
| **Date** |  | |
| **Time** |  | **AM/PM** |

|  |  |
| --- | --- |
| 1. **Was the alcohol test performed within (2) two hours of the reasonable suspicion determination?** | |
|  | **YES** |
|  | **NO, Explain**, |

|  |  |
| --- | --- |
| 1. **Was the alcohol test performed within (8) eight hours of the reasonable suspicion determination?**   **Note: If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.** | |
|  | **YES** |
|  | **NO, Explain**, |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor Name:** |  | **Date:** |  | |
| **Signature of Supervisor:** |  | **Time:** |  | **AM/PM** |
|  |  |  |  | |
| **Name of Witness:** |  | **Date** |  | |
| **Signature of Witness:** |  | **Time:** |  | **AM/PM** |