

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 and Turning: _____ Normal _____ Stumbling _____ Swaying _____ Falling
_____ Arms raised for balance _____ Reaching for support

Awareness: _____ 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.