

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 _____ Slurred	_____ Incoherent _____ Whispering	_____ Confused _____ Silent
			_____ Loud _____ Disruptive
Balance:	_____ Normal	_____ Swaying	_____ Staggering
			_____ Falling
Walking and Turning:	_____ Normal _____ Arms raised for balance	_____ Stumbling	_____ Swaying _____ Reaching for support
			_____ Falling
Awareness:	_____ Normal _____ Sleepy or Stupor	_____ Confused	_____ Paranoid _____ 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.