



## Reasonable Suspicion Determination Report

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Date/Time of Observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AM/PM

Date/Time of Determination to Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AM/PM

*If a trained manager/supervisor has reasonable suspicion to believe that an employee is under the influence of alcohol and/or controlled substances, after consultation with the Human Resources Director or designee, the trained manager/supervisor may require the employee to submit to an alcohol and/or drug test. If possible, the manager or supervisor will obtain the assistance of another trained individual or witness to observe and document the above behavior factors.*

### 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 odors of the safety-sensitive employee.*

*Check all indicators observed:*

#### Appearance Indicators

- ☐ Bloodshot or watery eyes
- ☐ Flushed or very pale complexion
- ☐ Extensive sweating/skin clamminess
- ☐ Dilated or constricted pupils
- ☐ Disheveled clothing/unkept grooming
- ☐ Unfocused, blank stare
- ☐ Runny or bleeding nose
- ☐ Jerky eye movement
- ☐ Body odor

#### Behavioral Indicators

- ☐ Fidgety/agitated
- ☐ Irregular breathing
- ☐ Nausea/vomiting
- ☐ Slow reactions
- ☐ Unstable walking
- ☐ Poor coordination
- ☐ Hand tremors
- ☐ Suspicious, paranoid
- ☐ Depressed, withdrawn
- ☐ Lackadaisical attitude
- ☐ Irritable, moody
- ☐ Extreme fatigue

#### Speech Indicators

- ☐ Slurred or slowed speech
- ☐ Loud, boisterous
- ☐ Incoherent, nonsensical
- ☐ Repetitious, rambling
- ☐ Rapid, pressured
- ☐ Excessive talkativeness
- ☐ Exaggerated enunciation
- ☐ Cursing, inappropriate speech
- ☐ Inability to concentrate
- ☐ Impulsive, unusual risk-taking
- ☐ Delayed decision-making
- ☐ Reduced alertness

## Reasonable Suspicion Determination Report

### Written Summary

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

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### Testing Information:

*Please contact Human Resources for Drug/Alcohol test form (if DOT) and Collection Site Authorization form.*

Collection Site - **Concentra** ☐ Brentwood or ☐ Concord

Date \_\_\_\_\_ Time Arrived: \_\_\_\_\_ AM/PM

1. Was the alcohol test performed within 2 hours of the reasonable suspicion determination?

\_\_\_ YES

\_\_\_ NO, **Explain:**

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2. Was the alcohol test performed within 8 hours of the reasonable suspicion determination?

\_\_\_ YES

\_\_\_ NO, **Explain:**

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If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.

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

Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_