

# OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD

Employee Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Time: (From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm)  
Location: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## CAUSE FOR SUSPICION

1. Presence of Drug, Alcohol, and/or Paraphernalia (specify): \_\_\_\_\_

2. Appearance:  Normal  Flushed  Tremors  Body Odor  
 Disheveled  Bloodshot Eyes  Runny Nose/Sores  
 Profuse Sweating  Puncture Marks  Dry-Mouth Symptoms  
 Dilated/Constricted Pupils  Inappropriate Wearing of Sunglasses  
 Other \_\_\_\_\_

3. Behavior  
Speech:  Normal  Incoherent  Slurred  Silent  
 Slowed  Whispering  Confused  
 Other \_\_\_\_\_

Awareness:  Normal  Confused  Paranoid  Euphoria  
 Disoriented  Lethargic  Lack of Coordination  
 Other \_\_\_\_\_

4. Motor Skills  
Balance:  Normal  Swaying  Falling  Staggering  
 Other \_\_\_\_\_

Walking & Turning:  Normal  Swaying  Arms Raised for Balance  
 Stumbling  Falling  Reaching for Support  
 Other \_\_\_\_\_

5. Other Observed Action or Behavior (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnessed by: *(must be a supervisor or company official trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances)*

\_\_\_\_\_  
(Signature) (Title) (Date) \_\_\_\_\_ am/pm (Time)

\_\_\_\_\_  
(2<sup>nd</sup> Signature) (Title) (Date) \_\_\_\_\_ am/pm (Time)

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307(f)).