

REASONABLE SUSPICION DOCUMENTATION FORM

 Employee is reporting for duty

 Employee is already on duty:

EMPLOYEE NAME:		DATE OF OBSERVATION	
LOCATION:		TIME OF OBSERVATION	
		AM	AM
		PM	PM
FROM		TO	
OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)			
BREATH: (Odor of alcoholic beverage)	<input type="checkbox"/> STRONG <input type="checkbox"/> NONE	<input type="checkbox"/> FAINT	<input type="checkbox"/> MODERATE
EYES:	<input type="checkbox"/> BLOODSHOT <input type="checkbox"/> CLEAR <input type="checkbox"/> DILATED PUPILS	<input type="checkbox"/> GLASSY <input type="checkbox"/> HEAVY EYELIDS	<input type="checkbox"/> NORMAL <input type="checkbox"/> FIXED PUPILS
SPEECH:	<input type="checkbox"/> CONFUSED <input type="checkbox"/> ACCENT <input type="checkbox"/> SLURRED <input type="checkbox"/> NOT UNDERSTANDABLE	<input type="checkbox"/> STUTTERED <input type="checkbox"/> MUMBLED <input type="checkbox"/> GOOD <input type="checkbox"/> COTTON MOUTHED	<input type="checkbox"/> THICK TONGUED <input type="checkbox"/> FAIR <input type="checkbox"/> MUSH MOUTHED <input type="checkbox"/> OTHER:
ATTITUDE:	<input type="checkbox"/> EXCITED <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> CARE FREE <input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> COMBATIVE <input type="checkbox"/> TALKATIVE <input type="checkbox"/> COCKY <input type="checkbox"/> PROFANE	<input type="checkbox"/> HILARIOUS <input type="checkbox"/> INSULTING <input type="checkbox"/> SLEEPY <input type="checkbox"/> POLITE
	OTHER:		
UNUSUAL ACTION:	<input type="checkbox"/> HICCOUGHING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER:	<input type="checkbox"/> BELCHING <input type="checkbox"/> CRYING	<input type="checkbox"/> VOMITING <input type="checkbox"/> LAUGHING
BALANCE:	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> NEEDS SUPPORT <input type="checkbox"/> OTHER:	<input type="checkbox"/> WOBBLING
WALKING:	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> STAGGERING <input type="checkbox"/> OTHER:	<input type="checkbox"/> STUMBLING
TURNING:	<input type="checkbox"/> FALLING <input type="checkbox"/> SWAYING	<input type="checkbox"/> STAGGERING <input type="checkbox"/> HESITANT	<input type="checkbox"/> STUMBLING <input type="checkbox"/> OTHER:
ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:			

SIGNS OR COMPLAINTS OF ILLNESS OR INJURY:

SUPERVISOR'S OPINION		
EFFECTS OF ALCOHOL/DRUG INTOXICATION	<input type="checkbox"/> NONE <input type="checkbox"/> EXTREME	<input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS
OPERATION OF EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:
ADDITIONAL COMMENTS:		

Reasonable Suspicion Test Performed Yes No Date ___/___/___ Time _____

Clinic _____

Reasonable Suspicion Test Refused Yes No Date ___/___/___ Time _____

Signature of Supervisor _____ Date ___/___/___ Time _____

Signature of Witness _____ Date ___/___/___ Time _____