

# OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

**PERSONNEL OFFICE USE ONLY**

Employee/Contractor ID \_\_\_\_\_  
 Location \_\_\_\_\_  
 Incident Number \_\_\_\_\_

EMPLOYEE/CONTRACTOR NAME	DATE OBSERVED
EMPLOYER NAME	TIME OBSERVED
ADDRESS OF INCIDENT: Street _____ City _____ State _____ Zip Code _____	FROM _____ a.m. p.m.  TO _____ a.m. p.m.

Record employee/contractor observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 *Reasonable Suspicion Testing*, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

Reasonable suspicion determined for:     Alcohol     Drugs

**Mark items that apply and describe specifics**

- 1. WALKING/BALANCE:**  
 Stumbling     Staggering     Falling     Unable to stand  
 Swaying     Unsteady     Holding on     Rigid  
 Sagging at knees     Feet wide apart
- 2. SPEECH:**  
 Shouting     Whispering     Slow     Rambling  
 Slurred     Slobbering     Incoherent
- 3. ACTIONS:**  
 Resisting communications     Insulting     Hostile     Drowsy  
 Fighting/insubordinate     Profanity     Threatening     Erratic  
 Hyperactive     Crying     Indifferent
- 4. EYES:**  
 Bloodshot     Watery     Dilated     Glassy  
 Droopy     Closed     Wearing sunglasses
- 5. FACE:**  
 Flushed     Pale     Sweaty
- 6. APPEARANCE/CLOTHING:**  
 Disheveled     Messy     Dirty     Partially dressed  
 Having odor     Stains on clothing
- 7. BREATH:**  
 Alcoholic odor     Faint alcohol odor     No alcohol odor     Marijuana odor
- 8. MOVEMENTS:**  
 Fumbling     Jerky     Slow     Nervous  
 Hyperactive
- 9. EATING/CHEWING:**  
 Gum     Candy     Mints     Tobacco  
 Other

Other observations: \_\_\_\_\_

Did employee/contractor admit to using drugs or alcohol?     Yes     No  
 When: \_\_\_\_\_ Substance: \_\_\_\_\_  
 How much: \_\_\_\_\_ Where taken: \_\_\_\_\_

**WITNESSED BY:**

Signature	Title	Preparation date	Time _____ a.m. p.m.
Signature	Title	Preparation date	Time _____ a.m. p.m.

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A  
REASONABLE SUSPICION DETERMINATION.