

REASONABLE SUSPICION OBSERVATION FORM

Supervisors should use this form to document all reasonable suspicion drug or alcohol testing to be performed by the Personnel Department's Medical Services Division or contract agency.

Employee's Name: _____ Department/Bureau: _____

Employee's Job Classification _____ DOT NON-DOT

Supervisor's Name: _____ Supervisor's Phone: _____

Date/time of Observations: _____ Supervisor's Signature: _____

Describe what first led you to believe that this employee should have a drug or alcohol test, e.g., unsafe or inappropriate behavior, accident, threat, argument (Attach additional sheets if necessary)

Please check ALL of the factors that describe the employee's behavior or characteristics.

BEHAVIOR: Withdrawn Drowsy/Sleeping Forgetful
 Mood Swings Inappropriate Laughter Crying
 Aggressive/Combative/Fighting Uncooperative Glaring/Threatening
 Damaged/Destroyed Property Risk Taking Bizarre/Irrational

ALERTNESS: _____
Unresponsive Lethargic Normal Agitated Hyper

SPEECH: Shouting/Loud Rambling/Confused Slowed Speech
 Incomplete Sentences Incoherent Slurred Speech
 Profanity/Verbal Abuse Rapid Speech

WALKING: Awkward/Unsteady Staggering Slowed Reaction Time
COORDINATION Loss of Coordination Cannot Walk Unassisted

PHYSICAL SIGNS: Change in Appearance Hygiene Issues Trembling/Shaky
APPEARANCE Smells of Alcohol Smells of Marijuana Disheveled
 Needle Tracks Vomiting

EYES: Very Bloodshot Unusual Eye Movements Glassy Eyes
 Stares Blankly Enlarged or Tiny Pupils Watery Eyes

The employee was given an opportunity to call a Union Representative (check the box to indicate this was done).

Were there any witnesses to the employee's behavior? [PRINT NAMES or have witness complete a copy of this form]

1) _____ Dept.: _____ Extension: _____

2) _____ Dept.: _____ Extension: _____

(OVER)