

### 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)**

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**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**BEHAVIOR:**  Withdrawn  Drowsy/Sleeping  Forgetful  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: \_\_\_\_\_

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