

Reasonable Suspicion Observations

Employee Name: _____

Employee Job Title: _____ Department/School: _____

Date of Observation: _____ Time: _____ ☐ AM ☐ PM

Is the employee performing safety-sensitive duties? ☐ Yes ☐ No

Contact Sandy Hovis, Office of Professional Standards, Ext. 20256, Cell (386) 717-1878.

Observations (Check all that apply.)

Behavior

- ☐ Stumbled
- ☐ Drowsy, sleepy, lethargic
- ☐ Agitated, anxious, withdrawn
- ☐ Hostile, withdrawn
- ☐ Unresponsive, distracted
- ☐ Clumsy, uncoordinated
- ☐ Tremors, shakes
- ☐ Flu-like illness complaints
- ☐ Suspicious, paranoid
- ☐ Hyperactive, fidgety
- ☐ Frequent use of mints, mouthwash, breath sprays, eye drops
- ☐ Inappropriate, uninhibited behavior
- ☐ Other Observations: _____

Appearance

- ☐ Flushed complexion
- ☐ Sweating
- ☐ Cold, clammy, sweats
- ☐ Bloodshot eyes
- ☐ Tearing, watery eyes
- ☐ Dilated (large) pupils
- ☐ Constricted (pinpoint) pupils
- ☐ Unfocused, blank stare
- ☐ Disheveled clothing
- ☐ Unkempt grooming

Speech

- ☐ Slurred, thick
- ☐ Incoherent
- ☐ Exaggerated enunciation
- ☐ Loud, boisterous
- ☐ Rapid, pressured
- ☐ Excessively talkative
- ☐ Nonsensical, silly
- ☐ Cursing

Body Odor

- ☐ Alcohol
- ☐ Marijuana

The above documented observations were made of the employee identified.

Administrator's Name (printed) Signature Date

Witness Name (printed) Signature Date

Test Determination:

- ☐ Reasonable Suspicion/Alcohol Breath Test
- ☐ Reasonable Suspicion/Drug Urine Test
- ☐ No test required
- ☐ Employee refused test
- ☐ Other (explain): _____
- ☐ No Test Conducted
- ☐ 8 hours elapsed
- ☐ No collection available
- ☐ Employee transported for medical care

Employee transported to collection site by: _____

Time Transported: _____ ☐ AM ☐ PM Collection Site: _____

Mobile testing specialist used: _____ Time Arrived: _____ ☐ AM ☐ PM

If test results are positive or you have reason to believe the employee is incapable of driving, it is MANDATORY that the employee NOT drive. The employee needs to be driven home or arrangements must be made for transportation. Return this completed form to Sandy Hovis in Professional Standards.