

# OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

<i>PERSONNEL OFFICE USE ONLY</i>
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.