**REASONABLE SUSPICION DOCUMENTATION FORM**

☐ Employee is reporting for duty  ☐ Employee is already on duty

<table>
<thead>
<tr>
<th>EMPLOYEE NAME:</th>
<th>DATE OF OBSERVATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION:</td>
<td>TIME OF OBSERVATION:</td>
</tr>
<tr>
<td></td>
<td>From: AM To: AM</td>
</tr>
</tbody>
</table>

**OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)**

**BREATH:**
- [ ] STRONG
- [ ] FAINT
- [ ] MODERATE

**(Odor of alcoholic beverage)**
- [ ] STRONG
- [ ] NONE
- [ ] FAINT

**EYES:**
- [ ] BLOODSHOT
- [ ] CLEAR
- [ ] DILATED PUPILS
- [ ] GLASSY
- [ ] HEAVY EYELIDS
- [ ] NORMAL
- [ ] FIXED PUPILS

**SPEECH:**
- [ ] CONFUSED
- [ ] ACCENT
- [ ] SLURRED
- [ ] NOT UNDERSTANDABLE
- [ ] STUTTERED
- [ ] MUMBLED
- [ ] GOOD
- [ ] COTTON MOUTHED
- [ ] THICK TONGUED
- [ ] FAIR
- [ ] MUSH MOUTHED
- [ ] OTHER:

**ATTITUDE:**
- [ ] EXCITED
- [ ] INDIFFERENT
- [ ] CAREFREE
- [ ] COOPERATIVE
- [ ] TALKATIVE
- [ ] COCKY
- [ ] PROFANE
- [ ] LAUGHING
- [ ] INSULTING
- [ ] SLEEPY
- [ ] UNUSUALLY POLITE
- [ ] OTHER:

**UNUSUAL ACTION:**
- [ ] HICCUPPING
- [ ] FIGHTING
- [ ] OTHER:
- [ ] BELCHING
- [ ] CRYING
- [ ] LAUGHING

**UNUSUAL ACTION:**
- [ ] BELCHING
- [ ] CRYING
- [ ] LAUGHING

**BALANCE:**
- [ ] FALLING
- [ ] SWAYING
- [ ] HESITANT
- [ ] NEEDS SUPPORT
- [ ] WOBBLING
- [ ] OTHER:

**WALKING:**
- [ ] FALLING
- [ ] SWAYING
- [ ] STUMBLING
- [ ] OTHER:

**TURNING:**
- [ ] FALLING
- [ ] SWAYING
- [ ] STUMBLING
- [ ] HESITANT
- [ ] STUMBLING
- [ ] OTHER:

**ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:**

**SIGNS OR COMPLAINTS OF ILLNESS OR INJURY:**

**SUPERVISOR’S OPINION**

**EFFECTS OF ALCOHOL/DRUG INTOXICATION**
- [ ] NONE
- [ ] SLIGHT
- [ ] OBVIOUS
- [ ] EXTREME

**WAS EMPLOYEE OPERATING EQUIPMENT?**
- [ ] YES
- [ ] NO

**ADDITIONAL COMMENTS:**

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Reasonable Suspicion Test Performed  Yes [ ]  No [ ]  Date ____/____/____  Time ____

Clinic __________

Reasonable Suspicion Test Refused  Yes [ ]  No [ ]  Date ____/____/____  Time ____

Signature of Supervisor __________________________ Date ____/____/____  Time ____

Signature of Witness/Add’l Supervisor __________________________ Date ____/____/____  Time ____

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Form 2.04.02(a) – Reasonable Suspicion Documentation Form