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|  | **REASONABLE SUSPICION DOCUMENTATION** |
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| NOTE: *Prepare this form every time a driver is suspected of drug and/or alcohol use by physical, behavioral, speech, or performance indicators that constitute a major change in the driver’s appearance, behavior, and/or performance of his/her job-related duties, which is the basis for performing a “reasonable suspicion” drug and/or alcohol test.* | |
|  | |
| Drivers Name: |  |
| Date of Observation: | *month, day, year* |
| Start of Observation: |  |
| End of Observation: |  |
| Location: |  |
|  | |
| **Observed Behavior: (Check all that apply)** | |
|  | |

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| **Physical Indicators** | | **Behavioral Indicators** | |
| Dilated Pupils | Chronic Redness of Eyes | Depression | Anxiety |
| Constricted Pupils | Chronic Nasal Problems | Moodiness | Irritability |
| Drowsiness | Odor of Marijuana | Alienation | Agitation |
| Cold Sweats | Odor of Alcoholic Beverage | Combativeness | Restlessness |
| Tremors | Noticeable Weight Loss | Panic Reactions | Euphoria |
| Excessive Yawning | Loss of Appetite | Neglect of Personal Hygiene |  |
| Rapid Breathing | Ravenous Appetite |  |  |
| Dizziness | Unsteady Walk/Stumbling |  |  |
|  | | | |
| **Speech Indicators** | | **Performance Indicators** | |
| Thick | Rapid | Unable to Concentrate |  |
| Slurred | Incoherent | Errors in Judgement |  |
| Excessively Talkative | | Impaired Reasoning |  |

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| **Other abnormal behavior observed:** | |
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| Max 500; characters remaining: | |
|  | |
| To the best of my knowledge and belief, this report represents the physical, behavioral, speech, or performance indicators of the above-named driver, observed by me and upon which I base my decision to require said driver to submit to a reasonable suspicion: | |
| *Choose from one of the following:* |  |
|  | |
| The above behavior has been witnessed by: |  |
|  | |
| *X*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *X*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of Supervisor or Company Official** | **Signature of Supervisor or Company Official** |
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| \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| Date | Date |