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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  |  |  |
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| **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:  |
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| 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  |