DRUG AND ALCOHOL REASONABLE SUSPICION OBSERVATION

_____ _____

Employee's Name Date of Observation

Time of Observation: From: _____ a.m./p.m. to _____a.m./p.m

Location: _____

Observed personal behavior: (check all appropriate items)

Speech: _____ Normal _____ Incoherent _____Confused _____ Loud

_____ Slurred _____ Whispering _____ Silent _____ Disruptive

Balance: _____ Normal _____ Swaying _____ Staggering _____ Falling

Walking and Turning:

_____ Normal _____ Stumbling _____ Swaying _____ Falling

_____ Arms raised for balance _____ Reaching for Support

Awareness: _____ Normal _____ Confused _____ Paranoid

_____ Sleepy or Stupor _____Lack of coordination

Odor: _____ Normal _____ Alcohol _____ Burned rope

Appearance: _____ Red Eyes _____ Vomiting _____ Half closed eyes

Comments: _____

_____

Reasonable suspicion of current use or impaired by: _____ alcohol _____drugs

Above behavior witnessed by:

_____ _____

Signed Date

_____ _____

Signed (optional) Date

This form must be completed by each trained employee observing the driver suspected of drug use and/or alcohol misuse by behavior, speech and/or odor while on duty, the earlier of within twenty-four hours of the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, contemporaneous and articulable concerning the appearance, behavior, speech and body odor of the driver.