



**OBSERVED BEHAVIOR
REASONABLE SUSPICION RECORD**

PERSONNEL OFFICE USE ONLY

Employee Number _____
 Location _____
 Incident Number _____

Employee Name: _____

Date Observed: _____

Address of Incident:
 Street _____ City _____ State _____ Zip Code _____

Time Observed:
 From: _____ a.m. p.m.
 To: _____ a.m. p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substance. Reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the person.

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

