

REASONABLE SUSPICION DOCUMENTATION FOR SIGNS OF DRUG/ALCOHOL ABUSE

Use this form every time an employee is suspected of drug or alcohol abuse by observations of articulable actions, appearance or conduct which constitutes a major change in appearance and/or behavior.

Employee's Name: _____ Department: _____

Date of Observation: _____ Location: _____

Time of Observation: From _____ a.m./p.m. To _____ a.m./p.m.

OBSERVED EMPLOYEE BEHAVIOR – CHECK ALL APPROPRIATE ITEMS.

PHYSICAL	BEHAVIORAL
Appearance:	
<input type="checkbox"/> Flushed complexion	<input type="checkbox"/> Change in speech pattern
<input type="checkbox"/> Disheveled clothing	<input type="checkbox"/> Loud/Incoherent speech
<input type="checkbox"/> Unkempt personal grooming	<input type="checkbox"/> Excessively talkative
<input type="checkbox"/> Blood shot eyes	<input type="checkbox"/> Inappropriate laughter
<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Exaggerated pronunciation
<input type="checkbox"/> Relaxed posture	<input type="checkbox"/> Moody/Sullen/Depressed
<input type="checkbox"/> Eye-hand coordination problems	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Fumbling/Poor dexterity	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Trembling extremities	<input type="checkbox"/> Loss of inhibitions/Risk taking
Physical Symptoms:	
<input type="checkbox"/> Spasmodic jerks	<input type="checkbox"/> Paranoid reactions to events
<input type="checkbox"/> Glazed look/Inability to focus	<input type="checkbox"/> Complaints of stomach "flu"
<input type="checkbox"/> Light sensitivity	<input type="checkbox"/> General malaise
<input type="checkbox"/> Perspiring	<input type="checkbox"/> Frequent use of:
<input type="checkbox"/> Body/Breath odor of alcohol	Breath mints/Breath sprays/ Mouth wash/Eye drops.

How is employee's behavior different than previous observed on-the-job behavior?

To the best of my knowledge and belief, this report represents the appearance/conduct of the above named employee, observed by me and upon which I base my decision to require said employee to submit to reasonable suspicion drug/alcohol testing.

Signature of supervisor

Signature of confirming supervisor

Date: _____

Date: _____