

# OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

**PERSONNEL OFFICE USE ONLY**

Employee/Contractor ID \_\_\_\_\_

Location \_\_\_\_\_

Incident Number \_\_\_\_\_

EMPLOYEE/CONTRACTOR NAME <i>James Doe</i>	DATE OBSERVED <i>5-20-14</i>
EMPLOYER NAME <i>Motor Carrier Company</i>	TIME OBSERVED
ADDRESS OF INCIDENT: Street City State Zip Code <i>1 Grant St. Phoenix, AZ 85001</i>	FROM <i>10:15</i> <u>a.m.</u> p.m. TO <i>11:00</i> <u>a.m.</u> p.m.

Record employee/contractor observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 *Reasonable Suspicion Testing*, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

**Reasonable suspicion determined for:**     **Alcohol**     **Drugs**

**Mark items that apply and describe specifics**

- 1. WALKING/BALANCE:**

<input type="checkbox"/> Stumbling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Falling	<input type="checkbox"/> Unable to stand
<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Holding on	<input type="checkbox"/> Rigid
<input type="checkbox"/> Sagging at knees	<input type="checkbox"/> Feet wide apart		
- 2. SPEECH:**

<input checked="" type="checkbox"/> Shouting	<input type="checkbox"/> Whispering	<input checked="" type="checkbox"/> Slow	<input type="checkbox"/> Rambling
<input checked="" type="checkbox"/> Slurred	<input type="checkbox"/> Slobbering	<input type="checkbox"/> Incoherent	
- 3. ACTIONS:**

<input type="checkbox"/> Resisting communications	<input type="checkbox"/> Insulting	<input type="checkbox"/> Hostile	<input type="checkbox"/> Drowsy
<input type="checkbox"/> Fighting/insubordinate	<input type="checkbox"/> Profanity	<input type="checkbox"/> Threatening	<input type="checkbox"/> Erratic
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Crying	<input type="checkbox"/> Indifferent	
- 4. EYES:**

<input checked="" type="checkbox"/> Bloodshot	<input type="checkbox"/> Watery	<input type="checkbox"/> Dilated	<input type="checkbox"/> Glassy
<input type="checkbox"/> Droopy	<input type="checkbox"/> Closed	<input type="checkbox"/> Wearing sunglasses	
- 5. FACE:**

<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty	
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- 6. APPEARANCE/CLOTHING:**

<input type="checkbox"/> Disheveled	<input type="checkbox"/> Messy	<input type="checkbox"/> Dirty	<input type="checkbox"/> Partially dressed
<input type="checkbox"/> Having odor	<input type="checkbox"/> Stains on clothing		
- 7. BREATH:**

<input type="checkbox"/> Alcoholic odor	<input type="checkbox"/> Faint alcohol odor	<input type="checkbox"/> No alcohol odor	<input type="checkbox"/> Marijuana odor
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- 8. MOVEMENTS:**

<input type="checkbox"/> Fumbling	<input type="checkbox"/> Jerky	<input type="checkbox"/> Slow	<input type="checkbox"/> Nervous
<input type="checkbox"/> Hyperactive			
- 9. EATING/CHEWING:**

<input type="checkbox"/> Gum	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Other			

Other observations: *James smells of a combination of alfalfa and incense.*

Did employee/contractor admit to using drugs or alcohol?     Yes     No

When: \_\_\_\_\_ Substance: \_\_\_\_\_

How much: \_\_\_\_\_ Where taken: \_\_\_\_\_

**WITNESSED BY:**

	<u><i>Manager</i></u>	<u><i>5-20-14</i></u>	<u><i>11:30</i></u> <u>a.m.</u>
Signature	Title	Preparation date	Time
Signature	Title	Preparation date	Time

**THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.**