SUPERVISOR’S REPORT OF REASONABLE SUSPICION

Employee Name: ________________________________ Classification: ____________________
Department: _________________________ Agency ______________________
Date of Observation: _______________ Time: _______________ am/pm
Location: _____________________________ Employee in test-designated position? □ Yes □ No

OBSERVATIONS:

Check ALL that apply:

BEHAVIOR
□ stumbling, unsteady gait
□ drowsy, sleepy, lethargic
□ agitated, anxious, restless
□ hostile, belligerent
□ irritable, moody
□ depressed, withdrawn
□ unresponsive, distracted
□ clumsy, uncoordinated
□ tremors, shakes
□ flu-like illness complaints
□ suspicious, paranoid
□ hyperactive, fidgety
□ inappropriate, uninhibited behavior
□ possessing, dispensing, or using controlled substance or alcohol

APPEARANCE
□ flushed complexion
□ excessive sweating
□ cold, clammy sweats
□ eyes:
□ bloodshot
□ tearing, watery
□ dilated (large) pupils
□ constricted (pinpoint) pupils
□ unfocused, blank stare
□ unkempt grooming
□ disheveled clothing

SPEECH
□ slurred, thick
□ incoherent
□ exaggerated enunciation
□ loud, boisterous
□ rapid, pressured
□ excessively talkative
□ nonsensical, silly
□ cursing, verbal abusiveness
□ inappropriate verbal response to questions or instructions

BODY ODORS
□ alcohol
□ marijuana

SUMMARY (circumstances, employee response, supervisor actions, other observations):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

The observations, as documented above, were made of the named employee.

Supervisor Name (printed or typed) ________________________________ Signature __________________ Date __________

Additional Witness: (optional)
Witness Name (printed or typed) ________________________________ Signature __________________ Date __________

Contacted DATC/DER _____________________________ on ____________ at _________.
(name) (date) (time)

DATC/DER Test Determination:
□ Reasonable Suspicion Alcohol Breath Test
□ Reasonable Suspicion Drug Urine Test
□ No Test Required

Employee transported to collection site by: ________________________________
Time transported _______________ am/pm Collection Site: ________________________________