

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

PERSONNEL OFFICE USE ONLY

Employee/Contractor ID _____

Location _____

Incident Number _____

EMPLOYEE/CONTRACTOR NAME	DATE OBSERVED
EMPLOYER NAME	TIME OBSERVED
ADDRESS OF INCIDENT: Street _____ City _____ State _____ Zip Code _____	FROM _____ a.m. p.m. TO _____ a.m. 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:**
 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
6. **APPEARANCE/CLOTHING:**
 Disheveled Messy Dirty Partially dressed
 Having odor Stains on clothing
7. **BREATH:**
 Alcoholic odor Faint alcohol odor No alcohol odor Marijuana odor
8. **MOVEMENTS:**
 Fumbling Jerky Slow Nervous
 Hyperactive
9. **EATING/CHEWING:**
 Gum Candy Mints Tobacco
 Other

Other observations: _____

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

When: _____ Substance: _____

How much: _____ Where taken: _____

WITNESSED BY:

Signature	Title	Preparation date	Time _____ a.m. p.m.
Signature	Title	Preparation date	Time _____ a.m. p.m.

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

PROHIBITED CONDUCT

(Performing a safety-sensitive function)

1. Reporting to and/or remaining on-duty with an alcohol concentration of 0.04 or greater.
2. Posses while on-duty alcohol that is not manifested as part of a shipment.
3. Use of alcohol while on-duty.
4. Use of alcohol within four hours of going on-duty to perform safety-sensitive functions.
5. Use of alcohol for eight hours after an accident that will require a post-accident test or until the test is performed.
6. Refusal to submit to required alcohol and/or controlled substances test.
7. Reports to or remains on-duty when using any controlled substance, except when used under a physician's orders and the physician has informed the driver that the use will not effect the safe operation of a commercial motor vehicle.
8. Report to or remain on-duty if tested positive for controlled substances.