



Corporate Management Group

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Reasonable suspicion determined for: Alcohol Drugs
 Employee Name _____ ID number _____
 Address of occurrence _____
 City & State _____
 Date of occurrence _____ Time of occurrence _____

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. The employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or company official determines that reasonable suspicion exists.

MARK ALL ITEMS THAT APPLY AND DESCRIBE SPECIFICS AS NEEDED

WALKING/BALANCE

- Stumbling Staggering Falling Unable to stand Sagging at knees
- Swaying Unsteady Rigid Holding on Feet wide apart

SPEECH

- Shouting Whispering Slow Incoherent Slobbering
- Slurred Rambling

ACTIONS

- Resisting Communications Insulting Hostile Profanity
- Fighting/insubordinate Erratic Crying Threatening
- Hyperactive Drowsy Indifferent

EYES

- Bloodshot Dilated pupils Restricted pupils Wearing sunglasses
- Watery Glassy Droopy Nystagmus

FACE

- Flushed Pale Sweaty

APPEARANCE/CLOTHING

- Disheveled Dirty Messy Partially dressed Stains on clothing
- Having odor

BREATH

- Alcohol odor Faint alcohol odor No alcohol odor Marijuana odor

MOVEMENTS

- Fumbling Jerky Slow Nervous Hyperactive

EATING/CHEWING

- Gum Candy Mints Tobacco Other

OTHER OBSERVATIONS: _____

Did the employee admit to using drugs or alcohol? YES NO
 When: _____ How much: _____
 Substances: _____ Where taken: _____

WITNESSED BY:

Signature: _____ Title: _____
 Signature: _____ Title: _____
 Date Report was prepared: _____ Time report was prepared: _____