



Reasonable Suspicion Testing Documentation Report

This form is to be used to substantiate and document the objective facts and observations leading to a reasonable suspicion testing determination. After a direct observation of the employee's appearance, behavior, speech, odors, and/or performance, please check ALL the indicators that raised your suspicion that the employee may have engaged in conduct which violates the Drug-Free Workplace Policy. Further instructions can be found on page 2.

Employee Name _____ Date/Time _____

Position Title _____

Supervisor Name _____

Name(s) of Witness(es), if any: _____

A. APPEARANCE OR PHYSICAL INDICATORS

- Flushed or very pale complexion
- Excessive sweating or skin clamminess
- Bloodshot or watery eyes
- Dilated or constricted pupils
- Nystagmus (jerky eye movement)
- Unfocused, blank stare
- Runny/bleeding nose
- Disheveled clothing
- Unkempt grooming
- Possible puncture marks on arms
- Dry mouth, wetting lips frequently

C. SPEECH OR ODORS

- Slurred, thick, slowed speech
- Incoherent, nonsensical, silly
- Loud, boisterous
- Repetitious, rambling
- Cursing, inappropriate language
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Odor of alcohol
- Distinctive pungent aroma

B. BEHAVIORAL INDICATORS

- Stumbling, unsteady gait
- Poor coordination
- Hyperactivity, fidgety, agitated
- Nervous, disorderly
- Irritable, moody, belligerent
- Shaking, tremors, twitches
- Dizziness or fainting
- Nausea or vomiting
- Breathing irregularly or with difficulty
- Extreme fatigue or sleeping on the job
- Depressed, withdrawn

D. PERFORMANCE INDICATORS *

- Delayed or fault decision-making
- Impulsive, unusual risk-taking
- Inability to concentrate
- Lack of motivation
- Impaired mental functioning
- Decreased alertness
- Significant increase in errors
- Reduced quality/quantity of work
- Inappropriate response to instructions
- Excessive absences or use of sick time
- Lackadaisical, apathetic attitude

**These are usually long-term indicators. Must be combined with other indicators under A, B, or C.*

Other observations not noted above: _____

Observing Supervisor Signature

Date

Witness

Date



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Instructions for Supervisor / Health Department Official:

1. Conduct the employee interview in a private setting, mindful of the dignity and confidentiality rights of the employee.
2. Give the employee an opportunity to explain the reason(s) for the indicators you have observed from his or her perspective. Expect denial. Note any explanation given by the employee (if any) in the space below:

3. Arrange to have the employee accompanied to the collection site for testing without delay.
4. Federal regulations required that reasonable suspicion testing for alcohol be administered within two (2) hours following the determination to refer the employee for testing. If alcohol testing is not conducted within two hours, document the reason for the delay. If the test is not administered within eight (8) hours, cease all attempts to test and document the reason for the inability to test. Please use the space below to document any delays or inability to test.

5. Complete and sign this document and send the original copy to the Human Resource Director.

IMPORTANT: Do not try to diagnose abuse or addition or identify the specific drug associated with the employee's behavior or appearance.