

Alcohol Prohibited DrugsEmployee's Name: Title: Location of
Observation:Date of Observation: Time of Observation: **Appearance** (check all items that apply)

- Flushed complexion
- Disheveled clothing
- Blood shot eyes
- Drowsiness
- Eye-hand coordination problems
- Trembling extremities
- Perspiring
- Runny nose; reddened or sore nose
- Sinus/nasal problems; nosebleeds

Behavior (check all items that apply)

- Loss of inhibitions
(cursing, sexual advances, risk taking)
- Paranoid
- Frequent use of mouthwash, mints,
breath sprays, eye drops
- Complaints of changes in body temperature
- Excessive sweating and shakiness
- Unexplained bursts of energy
- Hallucinations
- Staggered gait
- Impaired motor skills
- Lack of coordination
- Anxious behavior
- Aggressive behavior

Eye Movement (check all items that apply)

- Spasmodic jerks
- Dilated pupils
- Glazed look
- Inability to focus
- Light sensitivity
- Reddened eyes

Odors (check all items that apply)

- Odor of alcohol on breath
- Odor similar to burnt rope on clothing
or breath

Speech (check all items that apply) Loudness

- Incoherent
- Rapid
- Excessive talkativeness
- Slurred
- Inappropriate laughter
- Disconnected speech patterns
- Irrational speech
- Exaggerated pronunciation

Other Observed Behaviors (describe)

Physical Evidence (describe)**Explanation of Employee****Notification to Employee**

Employee was advised that a refusal to submit to a reasonable suspicion test is considered the same as a positive test result.

Certification of Supervisor / Witness

To the best of my knowledge and belief, this report documents the appearances, behaviors, or conduct of the above named employee observed by me and upon which I based my decision to require said employee to submit to a reasonable suspicion test.

Signature of Supervisor / Date

Signature of Witness*/ Date

* Recommended

Verification of Confiscation of Physical Evidence (if applicable)

This is to verify that the physical evidence described above was confiscated from me prior to my being subjected to a reasonable suspicion test.

Signature of Employee/ Date