Policy Number 401.33R2

Reasonable Suspicion Documentation Form

Employee Name	_____	Job Title	_____
Region	_____	Regional Office	_____
Location of Incident	_____	Date	_____
Time Observed	_____	Reporting Supervisor	_____

Trained Supervisor's Signature _____Date_____

HR Director/Designee Signature _____Date_____

Observations

Appearance:			
☐ Normal	☐ Tremors/Twitches	☐Flushed or Pale	☐Dilated Pupils
☐ Sleepy	☐ Sores/Puncture Marks	☐Heavy Eyelids	☐Bloodshot Eyes
☐ Disheveled	☐ Excessive Sweating	☐Cleanliness	☐Other (explain)

Description/Notes:_____
_____

Behavior:			
☐ Nervous	☐ Erratic	☐Mood Swings	☐Lethargic
☐ Irritable	☐ Paranoid	☐Verbally/Physically Abusive	☐Highly Excited
☐ Confusion/Inattentive	☐ Combative	☐Fatigue/Drowsiness	☐Other (explain)

Description/Notes:_____
_____

Motor Skills:			
☐ Normal	☐ Swaying	☐Falling	☐Unbalanced
☐ Unsteady	☐ Lack of Coordination	☐Fidgety	☐Stumbling
☐ Other (Explain)			

Description/Notes:_____
_____

Speech:			
☐ Normal	☐ Slurred	☐Loud	☐Incoherent
☐ Exaggerated	☐ Excessive Talking	☐Other (explain)	

Description/Notes:_____
_____

Odor:			
☐ Normal	☐ Smell of Alcohol	☐Excessive Cologne	☐Body Odor
☐ Smell of Marijuana	☐ Other (explain)		

Description/Notes:_____
_____

Drug and Alcohol Test Conducted: ___yes ___no

Adopted: 4/1/2019
Reviewed: 05-4-22