

Reasonable Suspicion Documentation Form

This form is to be prepared each time an employee is suspected of drug and/or alcohol use by actions, appearance, and/or conduct, which constitute a major change in a person's appearance or behavior.

Date of Observation: _____

Driver Name: _____

Time of Observation: From: _____ am/pm To: _____ am/pm

Location of Observation: _____

OBSERVED BEHAVIOR

(check each that apply)

SPEECH: thick rapid slurred incoherent excessively talkative

WALKING: stumbling staggering grasping for support

EMOTIONAL depression anxiety alienation

INDICATORS: withdrawn moodiness irritability

PHYSICAL pupils dilated cold sweats tremors odor of alcohol

INDICATORS: redness of eyes rapid breath weight loss

odor of marijuana neglected personal hygiene

OTHER ABNORMAL BEHAVIOR OBSERVED: _____

To the best of my knowledge and belief, this report represents the appearance, behavior, and/or conduct of the above-named employee, observed by myself and a second trained supervisor, upon which I base my decision to require said driver to submit to reasonable cause drug and/or alcohol testing.

Signature Supervisor #1

Signature Supervisor #2

ANY PERSON REQUIRED TO UNDERGO REASONABLE SUSPICION TESTING MUST BE TAKEN TO A COLLECTION SITE-UNDER NO CIRCUMSTANCES IS THE DONOR TO DRIVE THEMSELVES

I agree to submit to reasonable suspicion drug and/or alcohol testing based on the observation/s of supervisor/s trained in drug and alcohol awareness and documented on this form. I understand a refusal to submit to the requested testing will be considered the same as a positive test result and a violation of the company's drug and alcohol testing policy. I also understand that until MRO verified NEGATIVE test results are received by the company; I will be removed from the performance of ANY duties. I also understand due to safety concerns, I may potentially be removed from service entirely depending on company needs.

Signature

Date