Reasonable Suspicion Determination Report

| Employee Name: Date of Observation: | | | Employee ID | Employee ID/SSN: | | | |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | | | Time of Observation: | | n:AM/PM | | |
| Olt Recobs Ch | pserved Indicators of Prohibited asonable Suspicion determinations metervations concerning the appearance eck all indicators observed: ysical Indicators Observable physical evidence (drugs and/or paraphernalia) Bloodshot or watery eyes Flushed or very pale complexion Extensive sweating/skin clamminess Dilated or constricted pupils Disheveled clothing/unkempt grooming Unfocused, blank stare Runny or bleeding nose Puncture marks Jerky eye movement Body odor | Drugust been been been been been been been bee | havioral Indicators Fidgety/agitated Irregular breathing Nausea/vomiting Slow reactions Unstable walking Poor coordination Hand tremors Suspicious, paranoid Depressed, withdrawn Lackadaisical attitude Irritable, moody Extreme fatigue | mporador of | eech Indicators Slurred or slowed speech Loud, boisterous Incoherent, nonsensical Repetitious, rambling Rapid, pressured Excessive talkativeness Exaggerated enunciation Cursing, inappropriate speech Inability to concentrate Impulsive, unusual risk-taking Delayed decision-making Reduced alertness | | |
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| | | | | | | | |

Testing Information:

| Collect | ion Site Location: | Time Arrived: | AM/PM | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|--|--|--|
| 1. | reasonable suspicion determina YES NO, Explain: | ation? | rs of the time of the observations that led to the | | | |
| 2. | Was the alcohol test performed within 8 hours of the time of the observations that led to the reasonable suspicion determination? YES | | | | | |
| | NO, Explain: | | | | | |
| | | conducted within <u>8 hours</u> cease all efforts to | | | | |
| | ove documentation of the observee was provided by: | eed physical, behavioral, and performance i | ndicators of the named | | | |
| Superv | isor Name: | Phone No: | | | | |
| Signatu | ıre: | Date: | | | | |