

Reasonable Suspicion Observation Form

Employee's Name _____ Date of Observation _____

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

I have made the following observations of this employee's behavior (check all that apply):

APPEARANCE:

Normal Blank expression Bloodshot eyes Difficulty Seeing Drowsiness Eye drop use
 Flushed complexion Poor hygiene Trembling/shaking Unkempt clothing Other (below)

AWARENESS/ORIENTATION:

Normal Disoriented Suspicious, blaming or paranoid behavior Other (below)

BEHAVIOR:

Normal Falling Grabbing for support Staggering/stumbling Swaying Unusual gait
 Other (below)

BODY ODOR:

Normal Alcohol on breath Alcohol body odor Suspected smell of marijuana on breath or clothing
 Use of mouthwash or breath mints Other (below)

INTERPERSONAL:

Normal Arguing Defensive Fighting Hostile or overly aggressive Irritable
Other (below)

PERFORMANCE INDICATORS:

Normal Absent from work area Co-worker complaints Customer complaints Excessive time off task
 Inability to follow directions Inattentive Poor manual dexterity Work errors Other (below)

PERSONAL:

Normal Depressed Loss of inhibitions Moody or mood swings Overly excitable Risk-taking
 Unwarranted confidence Other (below)

PHYSICAL:

Normal Chills Complaints of dizziness Excessive perspiration Low energy High energy
 Nausea or vomiting Other (below)

SPEECH:

Normal Confused/hard to follow Inappropriate laughter Incoherent Loud Non-responsive/silent
 Rapid/excessive talking Slurred Whispering Other (below)

ADDITIONAL OBSERVATIONS: _____

To the best of my knowledge and belief, this report represents the appearance, behavior, and/or conduct of the employee named above, observed by me and upon which I base the decision to require this employee to submit to reasonable suspicion alcohol and drug testing.