

**State Drug and Alcohol Testing Program
Observed Behavior Reasonable Suspicion Record**

Employee Name: _____ Date Observed: _____

Dept: _____ Div: _____ Time Observed: _____

Location of Observation: _____

Reasonable suspicion determined for: Alcohol Controlled Substance

Mark items based on your visual observation of the employee.

1. **APPEARANCE:** normal ___ messy ___ dirty ___ partially dressed ___ unsteady ___
stumbling ___ shaking ___ trembling ___ swaying ___ staggering ___
EYES/FACE: bloodshot ___ watery ___ glassy ___ flushed ___ pale ___ sweaty ___
poor eye-hand coordination ___ Additional _____

2. **BEHAVIOR:** normal ___ sullen ___ erratic ___ irritable ___ excited ___ mood swings ___
lethargic ___ argumentative ___ sleepy ___ crying ___ fighting ___ hostile ___ loss of
inhibitions ___ suspicious ___ blaming ___ frequent use of breath mints, mouthwash, breath
sprays, eye drops ___ Additional _____

3. **SPEECH:** normal ___ slurred ___ use of profanity ___ loud ___ shouting ___
inaudible ___ whispering ___ incoherent ___ rapid ___ excessively talkative ___
disconnected speech patterns ___ exaggerated pronunciation ___ inappropriate
laughter ___ Additional _____

4. **BODY ODORS:** normal ___ alcohol odor ___ offensive smell ___ burnt rope ___
Additional _____

5. **How is employee's behavior different than previous observed on-the-job behavior?**

To the best of my knowledge and belief, this record represents the observed appearance, behavior and/or conduct of the employee upon which I base my decision to require the employee to submit to a reasonable suspicion alcohol and/or controlled substance testing.

Supervisor name (print) Signature Date Time Phone no.

Witness (HGEA only) Signature Date Phone Number

DER (Employer Rep.) Signature Date Phone Number

Copy to: Employee
 UPW for BU 1 Non CDL Employees Only