



PURPOSE

This form is to be used by trained supervisors* to document the decision to administer a reasonable suspicion drug or alcohol test.

RESPONSIBILITY

Trained supervisors, whose reasonable suspicion must be based on their own observation of short-term indicators of the employee (such as blurry eyes, slurred speech, alcohol on the breath, etc.).

PROCEDURE

Trained supervisors are to use this form at the time of or soon after observation of reasonable suspicion. After a direct observation of the employee's appearance, behavior, speech and/or body odors, please check ALL the indicators that resulted in your decision to administer a reasonable suspicion based on the signs and symptoms that the safety-sensitive employee has used a prohibited drug and/or engaged in alcohol misuse. (Please refer to 49 CFR Part 655.43 for further explanation)

Employee Name	
Job Title	
Employee Number	
Supervisor of Employee	
Date of Determination	
Time of Determination	
Name(s) of Witness(es), if any	

Select any/all indicators that you have observed:

BEHAVIORAL INDICATORS	
<input type="checkbox"/> Stumbling, unsteady gait	<input type="checkbox"/> Poor coordination
<input type="checkbox"/> Hyperactivity, fidgety, agitated	<input type="checkbox"/> Depressed, withdrawn
<input type="checkbox"/> Nervous, disorderly	<input type="checkbox"/> Extreme fatigue or sleeping on the job
<input type="checkbox"/> Irritable, moody, belligerent	<input type="checkbox"/> Breathing irregularly or with difficulty
<input type="checkbox"/> Shaking, tremors, twitches	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Dizziness or fainting	<input type="checkbox"/> Significant increase in errors

APPEARANCE OR PHYSICAL INDICATORS	SPEECH OR BODY ODORS
<input type="checkbox"/> Flushed or very pale complexion	<input type="checkbox"/> Slurred, thick, slowed
<input type="checkbox"/> Excessive sweating or skin clamminess	<input type="checkbox"/> Incoherent, nonsensical, silly
<input type="checkbox"/> Bloodshot or watery eyes	<input type="checkbox"/> Loud, boisterous
<input type="checkbox"/> Dilated or constricted pupils	<input type="checkbox"/> Repetitious, rambling
<input type="checkbox"/> Nystagmus (jerky eye movement)	<input type="checkbox"/> Cursing, inappropriate language
<input type="checkbox"/> Unfocused, blank stare	<input type="checkbox"/> Rapid, pressured
<input type="checkbox"/> Runny/bleeding nose	<input type="checkbox"/> Excessive talkativeness
<input type="checkbox"/> Dry mouth, wetting lips frequently	<input type="checkbox"/> Exaggerated enunciation
	<input type="checkbox"/> Odor of alcohol
	<input type="checkbox"/> Distinctive pungent aroma

Other observations not noted above

Signature/ Date

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*Trained Supervisors are supervisors, or other company officials making the reasonable suspicion determination who have been authorized to do so by the employer and have received at least 60 minutes of training on indicators of probable drug use and 60 minutes of training on indicators of probable alcohol misuse. (49 CFR Part 655.14(b)(2))