

DRUG AND ALCOHOL REASONABLE SUSPICION OBSERVATION

**NO. 405.8
Exhibit F**

Employee's Name

Date of Observation

Time of Observation: From _____ a.m. /p.m. to _____ a.m. /p.m.

Location: _____

Observed personal behavior: (check all appropriate items)

Speech:	Normal _____	Whispering _____
	Incoherent _____	Slurred _____
	Confused _____	Silent _____
	Loud _____	Disruptive _____

Balance:	Normal _____	Swaying _____
	Staggering _____	Falling _____

Walking and Turning:	Normal _____	Stumbling _____
	Swaying _____	Falling _____
	Arms raised for balance _____	
	Reaching for support _____	

Awareness:	Normal _____	Confused _____
	Sleepy or Stupor _____	Paranoid _____
	Lack of Coordination _____	

Odor:	Normal _____	Alcohol _____
	Burned rope _____	

Appearance:	Red Eyes _____	Vomiting _____
	Half Closed Eyes _____	

Comments: _____

Reasonable suspicion of current use or impaired by
alcohol _____ drugs _____

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Above behavior witnessed by:

Signed _____ Date _____

Signed _____ Date _____

Optional

This form must be completed by each trained employee observing the driver suspected of drug use and/or alcohol misuse by behavior, speech, and/or odor while on duty, the earlier of within 24 hours of the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, contemporaneous and articulable concerning the appearance, behavior, speech and body odor of the driver.

Approved: 07/28/03

Reviewed: 04/25/16
11/12/18
08/07/23

Revised: _____