**Reasonable Suspicion Determination Report**

**\*\*Confidential\*\***

**Instructions:** This report is to be completed when a Supervisor/Company Official trained in accordance with USDOT agency regulations for reasonable suspicion/cause determination requirements determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and/or alcohol misuse. **Forward this document to the Drug and Alcohol Program Manager.**

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| --- | --- | --- | --- | --- |
| **Employee Name:** |  |  | **Employee ID:** |  |
|  |  |  |  |  |
| **Date of Observation:** |  |  | **Time of Observation:** |  | **AM/PM** |
|  |  |  |  |  |  |
| **Date of Determination to Test:** |  |  | **Time of Determination to Test:** |  | **AM/PM** |

The documentation below of the observed physical, behavioral, and performance indicators of the named employee was provided by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name:** |  | **Date:** |  |
|  |
| **Signature of Supervisor:** |  | **Time:** |  | **AM/PM** |
|  |
| **Phone/Email:** |  |
|  |
| **Date of Supervisor’s Reasonable Suspicion Training:** |  |

**Observed Indicators of Prohibited Drug Use/Alcohol Misuse**

Reasonable suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee.

**Check all indicators observed and add any additional facts, observations, or circumstances.**

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| **Nature of Incident/Cause for Suspicion** |
|  | Observed/reported possession or use of a prohibited substance (including passenger complaint). |
|  | Apparent drug or alcohol intoxication. |
|  | Observed drug or alcohol intoxication. |
|  | Arrest for drug-related offense. |
|  | Other, (specify) |

**Check all indicators observed and add any additional facts, observations, or circumstances.**

**Look for multiple indicators, since taken alone, each indicator could be caused by something other than substance abuse.**

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| **Physical Indicators** |
|  | Possession, dispensing, or using prohibited substance |
|  | Bloodshot or watery eyes |
|  | Unfocused, blank stare |
|  | Dilated or constricted pupils |
|  | Jerky eye movement |
|  | Flushed/Extensive Sweating/Skin clamminess |
|  | Very pale complexion |
|  | Runny/bleeding/sores on nose |
|  | Puncture marks or ‘tracks’ |
|  | Disheveled clothing/unkempt grooming |
|  | Inappropriate wearing of sunglasses |
|  | Odor of Alcohol |
|  | Odor of Marijuana |
|  | Other (specify) |

| **Behavioral Indicators** |
| --- |
|  | Physical abusiveness |
|  | Extreme aggressiveness or agitation |
|  | Suspicious, paranoid, nervous  |
|  | Impulsive, unusual risk-taking |
|  | Highly excited |
|  | Tearfulness/moody |
|  | Slow reactions/Depressed/Withdrawn/tearful |
|  | Lackadaisical attitude/Extreme fatigue |
|  | Unstable walking/Loss of physical control |
|  | Dizziness or fainting |
|  | Shaking hands/body tremors/twitching |
|  | Breathing irregularity or difficulty breathing |
|  | Dry mouth (frequent swallowing/lip wetting) |
|  | Nausea or vomiting |
|  | Other erratic or inappropriate behavior (specify) |

**Check all indicators observed and add any additional facts, observations, or circumstances.**

| **Speech Indicators** |
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|  | Verbal abusiveness |
|  | Cursing, inappropriate speech |
|  | Incoherent, nonsensical |
|  | Slurred or slowed speech |
|  | Inappropriate verbal response to questions or instruction |
|  | Inability to concentrate |
|  | Delayed decision-making |
|  | Reduced alertness |
|  | Loud, boisterous |
|  | Repetitious, rambling |
|  | Excessive talkativeness |
|  | Exaggerated enunciation |
|  | Other (specify) |

| **Written Summary** Summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed. |
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**Reasonable Suspicion Determination: Testing Information**

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| **Collection Site Location:** |  |
|  |  |
| **Date:** |  |
| **Time Arrived:** |  | **AM/PM** |

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| --- |
| **Reasonable Suspicion** **Test Refused** |
|  |
|  | **Yes** |
|  | **No** |
|  |  |
| **Date** |  |
| **Time** |  | **AM/PM** |

**Drug Test**

|  |
| --- |
| **Reasonable Suspicion** **Drug Test Performed** |
|  |
|  | **Yes** |
|  | **No** |

**Alcohol Test**

|  |
| --- |
| **Reasonable Suspicion****Alcohol Test Performed** |
|  |  |
|  | **Yes** |
|  | **No** |

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| 1. **Was the alcohol test performed within (2) two hours of the reasonable suspicion determination?**
 |
|  | **Yes** |
|  | **No, Explain\_\_\_\_.**  |

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| 1. **Was the alcohol test performed within (8) eight hours of the reasonable suspicion determination?**

**Note: If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.** |
|  | **Yes** |
|  | **No, Explain \_\_\_\_.**  |