

REASONABLE SUSPICION DOCUMENT - CDL

Alcohol _____

Controlled Substances _____

Employee's Name: _____ Title: _____

Date of Observation: _____ Time of Observation: _____

Location of Observation: _____

Appearance (check items that apply)

- _____ Flushed complexion
- _____ Disheveled clothing
- _____ Blood shot eyes
- _____ Drowsiness
- _____ Eye-hand coordination problems
- _____ Trembling extremities
- _____ Perspiring
- _____ Runny nose; reddened or sore nose
- _____ Sinus/nasal problems; nosebleeds

Behavior (check items that apply)

- _____ Loss of inhibitions (cursing, sexual advances, risk taking)
- _____ Paranoid
- _____ Frequent use of mouthwash, mints, breath sprays, eye drops
- _____ Complaints of changes in body temperatures
- _____ Excessive sweating and shakiness
- _____ Unexplained bursts of energy
- _____ Hallucinations
- _____ Staggered gait
- _____ Impaired motor skills
- _____ Lack of coordination
- _____ Anxious behavior
- _____ Aggressive behavior

Eye Movement (check items that apply)

- _____ Spasmodic jerks
- _____ Dilated pupils
- _____ Glazed look
- _____ Inability to focus
- _____ Light sensitivity
- _____ Reddened eyes

Odors (check items that apply)

- _____ Odor of alcohol on breath
- _____ Odor similar to burnt rope on clothing or breath

Speech (check items that apply)

- Loudness
- Incoherent
- Rapid
- Excessive talkativeness
- Slurred
- Inappropriate laughter
- Disconnected speech patterns
- Irrational speech
- Exaggerated pronunciation

Other Observed Behaviors (describe)

Physical Evidence (describe)

Explanation of Employee

Notification to Employee

Employee was advised that a refusal to submit to a reasonable suspicion test is considered the same as a positive test result.

Certification of Supervisor/Witness

To the best of my knowledge and belief, this report documents the appearances, behaviors, or conduct of the above named employee observed by me and upon which I based my decision to require said employee to submit to a reasonable suspicion test.

Signature of Supervisor

Signature of Witness (recommended)

Verification of Confiscation of Physical Evidence (if applicable)

This is to verify that the physical evidence described above was confiscated from me prior to my being subjected to a reasonable suspicion test.

Signature of Employee

Date