



SUPERVISORS OBSERVATION AND REQUEST FOR REASONABLE SUSPICION TESTING

THIS FORM MUST BE COMPLETED BY THE SUPERVISOR OR COUNTY OFFICIAL MAKING THE REASONABLE SUSPICION DETERMINATION THAT AN ALCOHOL OR DRUG TEST IS INDICATED. FOR REASONABLE SUSPICION DRUG TESTS, THE FORM MUST BE COMPLETED WITHIN 24 HOURS OF THE DETERMINATION OR PRIOR TO RECEIPT OF DRUG TEST RESULTS, WHICHEVER IS EARLIER.

EMPLOYEE NAME: _____ DEPARTMENT: _____

DATE OF OBSERVATION: _____ month, day, year

START OF OBSERVATION: _____ AM _____ PM END OF OBSERVATION: _____ AM _____ PM

SPECIFY THE NATURE OF THE WORK-RELATED INCIDENT WHICH CAUSED REASONABLE SUSPICION:

- ABSENCE FROM WORK SITE ACCIDENT POLICE REPORT UNSAFE ACTIONS
 FIGHT OR CONFLICT LOSS OF WORK ABILITY DISCOVERY OF DRUG PARAPHERNALIA
 OTHER (List Below)
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-

OBSERVED BEHAVIOR: (Check all that apply)

WALKING/STANDING

- FALLING
 STAGGERING
 STEADY
 STUMBLING
 OTHER

SPEECH

- APPARENTLY NORMAL
 INCOHERENT
 SHOUTING
 SILENT
 SLURRED
 RAMBLING
 OTHER _____

EYES

- APPARENTLY NORMAL
 BLOODSHOT (RED)
 GLASSY
 CONSTRICTED PUPILS
 SMALL
 DILATED PUPILS
 OTHER _____

SMELL

- SMELL OF ALCOHOL OR DRUGS ON THE PERSON'S BREATH OR OF ALCOHOL IN A BEVERAGE
 SMELL OF ALCHOL OR DRUGS ON THE PERSON'S BODY

ACCIDENT

- TRAFFIC ACCIDENT – GIVE CIRCUMSTANCES SURROUNDING EVENT
 OTHER ACCIDENT – GIVE CIRCUMSTANCES SURROUNDING EVENT

FULLY DESCRIBE BELOW THE EVENT(S):

- A) LEADING UP TO THE INCIDENTS OR SITUATION.
- B) THE WORK-RELATED INCIDENT/SITUATION ITSELF, AND
- C) THE RESULTS OF THE INCIDENT/SITUATION

ONLY INDICATE THINGS OBSERVED, NOT PERSONAL THOUGHTS OR WHAT IS SUSPECTED. INCLUDE RELATED ACTIONS, NOT PERSONAL, OFF DUTY ACTIONS. BE SPECIFIC. FILL OUT SPACES BELOW AND ATTACH ADDITIONAL SHEETS IF NECESSARY. USE DATES, TIMES, PLACES AND NAMES.

SUPERVISOR – DESCRIBE INTERACTIONS WITH THE EMPLOYEE (QUESTIONS, ANSWERS, INSTRUCTIONS, ETC.):

PHYSICAL EVIDENCE (PILLS, BOTTLES, BROKEN EQUIPMENT, ETC.) LIST ITEMS, GIVE LOCATIONS, AND DISPOSITION. BE SPECIFIC:

ADD ANY ADDITIONAL INFORMATION:

TESTING

IF UNABLE TO TEST WITHIN **2 HOURS** OF REASONABLE SUSPICION DETERMINATION, STATE REASONS:

IF UNABLE TO TEST WITHIN **8 HOURS** OF REASONABLE SUSPICION DETERMINATION, CEASE ATTEMPTS TO TEST AND STATE REASONS:

SIGNATURE OF REPORTING SUPERVISOR / DEPARTMENT

DATE

SIGNATURE OF WITNESSING SUPERVISOR / DEPARTMENT

DATE

SIGNATURE OF DEPARTMENT HEAD / DEPARTMENT

DATE