



Reasonable Suspicion Determination Report

Employee name: _____

Date/Time of Observation: ____/____/____ _____ AM/PM

Date/Time of Determination to Test: ____/____/____ _____ AM/PM

Observed Indicators of Prohibited Substance/Alcohol Misuse:

Reasonable Suspicion determinations must be based on specific, articulable observations concerning the appearance, behavior, speech, or body odor of the employee.

Check all indicators observed:

Physical Indicators

- Bloodshot or watery eyes
- Flushed or very pale complexion
- Extensive sweating/skin clamminess
- Dilated or constricted pupils
- Disheveled clothing/unkept grooming
- Unfocused, blank stare
- Runny or bleeding nose
- Jerky eye movement
- Body odor
- Other: _____

Behavioral Indicators

- Fidgety/agitated
- Irregular breathing
- Nausea/vomiting
- Slow reactions
- Unstable walking
- Poor coordination
- Hand tremors
- Suspicious, paranoid
- Depressed, withdrawn
- Lackadaisical attitude
- Irritable, moody
- Extreme fatigue
- Other: _____

Speech Indicators

- Slurred or slowed speech
- Loud, boisterous
- Incoherent, nonsensical
- Repetitious, rambling
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Cursing, inappropriate speech
- Inability to concentrate
- Impulsive, unusual risk-taking
- Delayed decision-making
- Reduced alertness
- Other: _____

Written Summary:

Summarize the facts and circumstances surrounding the incident. Attach additional sheets if needed.

Situational information:

What CPRD facility/property was the employee on when the indicators were observed?

Were there any addition witnesses? Yes / No

If yes, who? _____

Was the employee privately made aware of the suspicions regarding substance/alcohol use? Yes/No

Did the employee consent to a drug/alcohol test? Yes / No

Who drove the employee to the testing facility? _____

How did the employee get home from the testing facility?

Testing information:

Testing Location Name: _____ Time Arrived: _____ AM/PM

Testing Location Address: _____

Was a drug test performed? Yes / No

Was an alcohol test performed? Yes / No

The above documentation of the reasonable suspicion indicators, situation, and/or testing of the named employee was provided by:

Supervisor Name: _____

Date: ____/____/____

Signature: _____