Observed Behavior – Reasonable Suspicion

Upon witnessing reasonable cause behavior, complete this form and arrange for employee to be tested. Keep this form on file at your premises.

e of Suspicion: L. Presence of Drugs	and/or Drug Paraphernali	a (Specify):		
2. Appearance:		Flushed Bloodshot Eyes Dilated/Constricted Inappropriate weari Dry Mouth Sympton	Pupils ng of Sunglasses ns	
3. Behavior A) Speech	Normal Inco Confused Slow Other	wed Chatter		
B) Awareness	NormalCor LethargicDisc Other	oriented Paranoid	Mood Swings Lack of Coordination	
4. Motor Skills A) Balance	Normal Swa		Staggering	
B) Walking & Turning		ying Arms Raise ing Reaching fo	Reaching for Support	
5. Other Observed	Actions or Behaviors or O	dors (specify):		
Vitnessed By:				
(Signature)	(Title)	(Date)	(Time)	
(Signature)			(Date) (Time)	