DRUG AND ALCOHOL REASONABLE SUSPICION OBSERVATION

Employee's Name			Date of Observation	
Time of Observation: Fr	roma.m	./p.m. to	a.m./p.m.	
Location:				
Observed personal beha	avior: (check all app	ropriate items)		
Speech:		Incoherent Whispering	Confused Silent	
Balance:	Normal	Swaying	Staggering	Falling
Walking and Turning:			Swaying Reaching for sup	
Awareness:	Normal Sleepy or St		Paranoid _Lack of coordinatio	n
Odor:	Normal _	Alcohol	Burned rope	
Other observed behavio	or/odor:			
Reasonable suspicion of	f current use or impa	aired by	_alcoholdru	gs.
Above behavior witness	ed by:			
Signed				Date
Signed (optional)				Date

This form must be completed by each trained employee observing the driver suspected of drug use and/or alcohol misuse by behavior, speech and/or odor while on duty, the earlier of within twenty-four hours of the determination of reasonable suspicion or prior to receiving the test results. The observations must be specific, contemporaneous and articulable concerning the appearance, behavior, speech and body odor of the driver.