



## 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.

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

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

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ADD ANY ADDITIONAL INFORMATION:

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**TESTING**

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

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

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SIGNATURE OF REPORTING SUPERVISOR / DEPARTMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESSING SUPERVISOR / DEPARTMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD / DEPARTMENT

\_\_\_\_\_  
DATE