



Employee Name: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Division/Work Unit: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Time: \_\_\_\_\_ am / pm

Location: \_\_\_\_\_

Employee performing safety-sensitive duties?

Yes  No

**Observations:** Check ALL that apply:

**BEHAVIOR**

- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
- Inappropriate, uninhibited behavior
- frequent use of mints, mouthwash, breath sprays, eye drops

**APPEARANCE**

- flushed complexion
- sweating
- cold, clammy, sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkempt grooming

**SPEECH**

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech

**BODY ODOR**

- alcohol
- marijuana

Other observations: \_\_\_\_\_

The observations, documented above, were made of the employee identified at the top of this form.

\_\_\_\_\_  
Supervisor's Name (printed or typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (printed or typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TEST DETERMINATION:**

- Reasonable Suspicion Alcohol Breath Test
- Reasonable Suspicion Drug Urine Test
- No Test Required
- Employee Refused Test
- Other (explain) \_\_\_\_\_
- No Test Conducted
- 8 hours elapsed
- No collection available
- Employee transported for medical care

Employee transported to collection site by: \_\_\_\_\_

Time transported: \_\_\_\_\_ am / pm

Collection site: \_\_\_\_\_