FORTIER SUBSTANCE ABUSE TESTING, INC.

www.fortierdrugtesting.com

OBSERVED BEHAVIOR-REASONABLE SUSPICION RECORD

Employee: Name: _____

Identification Number: _____

Observation: Date: _____ Time: (from _____am/pm to _____am/pm)

Location: _____
(Street) *(City)* *(State)* *(Zip)*

CAUSE FOR SUSPICION

1. Presence of Drugs, Alcohol, and/or Paraphernalia *(specify)*: _____

2. Appearance:
- □ flushed skin
- □ cold, clammy, sweats
- □ bloodshot eyes
- □ sweating
- □ unusual energy
- □ rapid
- □ dilated (large) pupils
- □ unfocused, blank stare
- □ sinus/nasal problems
- □ unkempt grooming
- □ other _____

3. Behavior

Speech:
- □ slurred, thick
- □ exaggerated
- □ loud, boisterous
- □ incoherent
- □ tearing, watery eyes
- □ forgetfulness
- □ excessively talkative
- □ excessive laughter
- □ inappropriate speech
- □ nonsensical, silly
- □ other _____

Awareness:
- □ staggering
- □ sleepy
- □ agitated
- □ hostile
- □ disoriented
- □ pinpoint pupils
- □ poor coordination
- □ tremors, shakes
- □ euphoria
- □ hallucinations
- □ labored breathing
- □ rapid breathing
- □ frequent use of mints, mouthwash, breath sprays, eye drops
- □ drunken behavior with or without odor of alcohol
- □ other _____

Body Odor:
- □ alcohol
- □ burnt rope (possibly marijuana)
- □ other _____

4. Other Observed Action or Behavior *(specify)*: _____

_____

_____

Witnessed by: *(must be a supervisor or company official trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances:*

_____am/pm
(Signature) (Title) (Date) (Time)

_____am/pm
(2nd Signature) (Title) (Date) (Time)

_____am/pm
(Additional Witness) (Title) (Date) (Time)

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307(f)).

Notifications: Management and/or Designated Employer Representative (DER) Name:

_____	_____	_____
Print Name	Signature	Date/Time
_____	_____	_____
Testing Site	Name	Date/Time

Test Determination/Action Taken:

□ Reasonable Suspicion Alcohol Breath Test □ No
□ Reasonable Suspicion Drug Urine Test □ No
□ Employee Refused to Test □ Employee Transported for Medical Care
□ Employee Informed of Consequences of Refusal to Test
□ Other (explain) _____

Employee transported to collection site by _____

Time Transported _____ am/pm Collection Site _____

Return Transportation _____ am/pm Date _____ Location _____

Follow-Up Action _____

Additional Notes:

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307(f)).