



# Unified Government Human Resources Guide

Effective 06-08-07

## REASONABLE SUSPICION REPORT FORM

Employee Name: \_\_\_\_\_ Location where behavior was observed: \_\_\_\_\_

Date behavior observed: \_\_\_\_\_ Time observed: from: \_\_\_\_\_ to: \_\_\_\_\_

Check all items that apply.

- |                        |   |   |
|------------------------|---|---|
| 1. Walking             | <input type="checkbox"/> Staggering<br><input type="checkbox"/> Holding on  | <input type="checkbox"/> Falling<br><input type="checkbox"/> Normal   |
| 2. Standing            | <input type="checkbox"/> Swaying<br><input type="checkbox"/> Unable to stand  | <input type="checkbox"/> Ridged<br><input type="checkbox"/> Normal  |
| 3. Speech              | <input type="checkbox"/> Shouting<br><input type="checkbox"/> Rambling<br><input type="checkbox"/> Slurred  | <input type="checkbox"/> Slow<br><input type="checkbox"/> Mute<br><input type="checkbox"/> Incoherent<br><input type="checkbox"/> Normal  |
| 4. Actions             | <input type="checkbox"/> Fighting<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Profanity<br><input type="checkbox"/> Hostile<br><input type="checkbox"/> Crying | <input type="checkbox"/> Threatening<br><input type="checkbox"/> Drowsy<br><input type="checkbox"/> Over-excited<br><input type="checkbox"/> Erratic<br><input type="checkbox"/> Cooperative<br><input type="checkbox"/> Normal |
| 5. Eyes                | <input type="checkbox"/> Bloodshot<br><input type="checkbox"/> Dilated<br><input type="checkbox"/> Droopy   | <input type="checkbox"/> Watery<br><input type="checkbox"/> Glassy<br><input type="checkbox"/> Closed<br><input type="checkbox"/> Normal  |
| 6. Appearance/Clothing | <input type="checkbox"/> Messy<br><input type="checkbox"/> Partially dressed  | <input type="checkbox"/> Dirty<br><input type="checkbox"/> Glassy<br><input type="checkbox"/> Normal  |
| 7. Breath              | <input type="checkbox"/> Alcoholic odor   | <input type="checkbox"/> Faint alcoholic odor<br><input type="checkbox"/> Normal  |
| 8. Observation of use  | <input type="checkbox"/> Drinking<br><input type="checkbox"/> Taking a pill<br><input type="checkbox"/> Injecting   | <input type="checkbox"/> Smoking<br><input type="checkbox"/> Snorting<br><input type="checkbox"/> Non observed  |

Other basis for requiring testing: (Attach a second sheet, if necessary.)

\_\_\_\_\_  
Above behavior witnessed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Corroborating Witness

\_\_\_\_\_  
Date

***This form must be prepared every time an employee is suspected of drug or alcohol use by actions, appearance, and/or conduct while on duty. This form must be completed within 24 hours or before test results are released.***