

# ALCOPRO

DRUG & ALCOHOL TESTING PRODUCTS

## Reasonable Suspicion Determination Report

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

Employee ID/SSN: \_\_\_\_\_

Date/Time of Observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_AM/PM

Date/Time of Determination to Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_AM/PM

### Observed Indicators of Prohibited Drug Use/Alcohol Misuse

*Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee. Record observations within 24 hours or before the test results are known.*

*Check all indicators observed:*

#### Physical Indicators

- Bloodshot or watery eyes
- Flushed or very pale complexion
- Extensive sweating, skin clamminess
- Dilated pupils
- Constricted pupils
- Disheveled clothing/unkempt grooming
- Unfocused, blank stare
- Runny or bleeding nose
- Jerky eye movement
- Unusual body odor [describe]
- Alcohol odor [breath, body]
- Marijuana odor [breath, body]
- Sweaty

#### Behavioral Indicators

- Fidgety, agitated
- Irregular breathing
- Nausea, vomiting
- Slow reactions
- Unstable walking
- Falling, can't stand up
- Poor coordination
- Hand, body tremors
- Suspicious, paranoid
- Depressed, withdrawn
- Careless attitude
- Irritable, moody
- Extreme fatigue
- Nervousness, anxiety
- Hyperactive

#### Speech Indicators

- Slurred or slowed speech
- Loud, rowdy
- Quiet
- Incoherent, nonsensical
- Repetitious, rambling
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Cursing, inappropriate speech
- Inability to concentrate
- Impulsive, unusual risk-taking
- Delayed decision-making
- Reduced alertness

### Written Summary

*Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed.*

---

---

---

---

---

---

---

---

# ALCOPRO

DRUG & ALCOHOL TESTING PRODUCTS

## Testing Information:

Collection Site Location: \_\_\_\_\_

Time Arrived: \_\_\_\_\_AM/PM

Reasonable Suspicion Determination:

- Alcohol
- Drugs

1. Was the **alcohol** test performed within **2** hours of the reasonable suspicion determination?

\_\_\_\_\_ YES

\_\_\_\_\_ NO, Explain: \_\_\_\_\_  
\_\_\_\_\_

2. Was the **alcohol** test performed within **8** hours of the reasonable suspicion determination?

\_\_\_\_\_ YES

\_\_\_\_\_ NO, Explain: \_\_\_\_\_  
\_\_\_\_\_

**If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.**

**If the drug test is not conducted within 32 hours cease all efforts to administer the test.**

*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

1<sup>st</sup> Supervisor Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2<sup>nd</sup> Supervisor Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DRUID® Baseline Score: \_\_\_\_\_

Date: \_\_\_\_\_

DRUID® Score: \_\_\_\_\_

Date/Time: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ AM/PM

*Reasonable Suspicion Testing: Per DOT - 49 CFR 382.307, The employer/supervisor shall require the employee to submit to a controlled substance and/or alcohol test when a trained supervisor makes the determination that reasonable suspicion exists 382.603.*