

# Reasonable Suspicion Report

**Instructions:** Complete this form and forward the original to Environmental Health and Safety Department, and a copy to the facility head or designee.

<b>Employee's Name:</b>	<b>SSN:</b>
<b>Department:</b>	<b>Job Title:</b>
<b>Date of Occurrence:</b>	<b>Time of Occurrence:</b>
<b>Specific Location of Occurrence:</b>	

Mark each area below to identify the specific definition of reasonable suspicion that applies to this occurrence and complete all requested information pertaining to that definition.

     1. Direct observation of the physical symptoms or manifestations of being under the influence of drugs or alcohol while on duty. Check all items which describe the behavior observed:

<b>X</b>	<b>Speech</b>	<b>X</b>	<b>Balance</b>	<b>X</b>	<b>Walking</b>	<b>X</b>	<b>Eyes</b>	<b>X</b>	<b>Awareness</b>	<b>X</b>	<b>Other</b>
	Normal		Normal		Normal		Normal		Normal		Arms Raised for Balance
	Incoherent		Staggering		Stumbling		Red/Bloodshot		Confused		Reaching for Support
	Confused		Swaying		Wide Gait		Pupils Dilated		Sleepy		Lack of Coordination
	Slurred		Falling				Pupils Constricted		Appears to be Delusional		Other:
	Whispering										
	Silent										
	Loud										
	Rapid										
	Cursing										

Names of Witnesses to the Employee's Behavior:

1.	3.
2.	4.

Comments made by employee: (Quote any remarks, admissions, inappropriate language, etc. that may be pertinent to the employee's condition.)

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Describe any signs of chronic or withdrawal effects of drug use:

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\_\_\_ 2. Direct observation of drug or alcohol use while on duty.

\_\_\_ 3. Report of drug or alcohol use while at work or on duty, provided by a reliable and credible source and which has been independently corroborated.

Name of Source: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for believing source is reliable and credible: \_\_\_\_\_

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Nature of independent corroboration: \_\_\_\_\_

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\_\_\_ 4. Evidence that an employee is involved in the use, possession, sale, solicitation, or transfer of drugs while on duty or on department premises, or while operating any department vehicles, machinery, or equipment.

Describe the evidence relied upon: \_\_\_\_\_

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Provide a complete narrative description of the circumstances, including any facts, inferences drawn from those facts, and witnesses relied upon, which constitutes the reasonable suspicion held that the employee has engaged in prohibited drug or alcohol use. \_\_\_\_\_

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Supervisor's Signature:	Date:
Facility Head's Signature:	Date: