



Drug and Alcohol Impairment and Reasonable Suspicion Observation Form

(This form must be completed every time an employee is suspected of drug or alcohol impairment based on appearance or conduct when reporting for duty, while on duty, or during periods of on-call time.)

Name of Observed Employee: _____

Date and Time Observed: _____ / _____ / _____ at: _____ a.m./p.m.

Location: _____

Observations: Please check all applicable boxes next to the appropriate observations and then provide any necessary explanations on the lines below.

SPEECH	BALANCE/WALKING	DEMEANOR	APPEARS	ODOR	BEHAVIOR
<input type="checkbox"/> Slow	<input type="checkbox"/> Rigid	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Flushed or sweating profusely	<input type="checkbox"/> Chemical	<input type="checkbox"/> Nervous or paranoid
<input type="checkbox"/> Slurred	<input type="checkbox"/> Falling/unable to stand	<input type="checkbox"/> Calm	<input type="checkbox"/> Confused	<input type="checkbox"/> Excessive cologne	<input type="checkbox"/> Erratic or irrational
<input type="checkbox"/> Whispered	<input type="checkbox"/> Staggering	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Tremors	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Irritable
<input type="checkbox"/> Silent	<input type="checkbox"/> Swaying	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweet or fruity	<input type="checkbox"/> Inappropriate gaiety or euphoric
<input type="checkbox"/> Loud	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Threatening	<input type="checkbox"/> Inappropriate sunglass use or dilated / constricted pupils	<input type="checkbox"/> Heavy breath spray	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Confused	<input type="checkbox"/> Reaching for support	<input type="checkbox"/> Drowsy	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Pungent	<input type="checkbox"/> Lethargic or slow-acting
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Arms raised for balance	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Blood shot or glassy eyes	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Suspicious
	<input type="checkbox"/> Physical dexterity, agility, or coordination issues		<input type="checkbox"/> Puncture marks		<input type="checkbox"/> Confused or disoriented
			<input type="checkbox"/> Runny nose		<input type="checkbox"/> Unusual
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

If you marked "other," please describe: _____

CONFIDENTIAL

By signing below, I confirm that I have received a copy of this completed form and have had an opportunity to review and respond to the observations that are described above. **I understand that the absence of any statement in the space provided above will be interpreted as my agreement with the observations described above.**

Employee's Signature: _____ Date: _____

Employee Refusal to Sign: Witness: _____

<p style="text-align: center;">ACTION TO BE TAKEN (FOR HUMAN RESOURCES USE ONLY)</p>

Human Resources: _____ Date: _____