

REASONABLE SUSPICION DRUG and ALCOHOL TESTING FORM

EMPLOYEE NAME:

EMPLOYEE JOB TITLE

DATE of OBSERVATION

TIME of OBSERVATION

SUPERVISOR COMPLETING FORM NAME

TITLE

SUPERVISOR COMPLETING FORM PHONE

EMAIL

Reason for Suspected Impairment (check all that apply and describe observations):

1. PHYSICAL SIGNS:

- ☐ Odor of alcohol or drugs
- ☐ Slurred speech
- ☐ Unsteady walking or lack of coordination
- ☐ Bloodshot or watery eyes
- ☐ Excessive sweating
- ☐ Tremors or shaking
- ☐ Unusual drowsiness or hyperactivity

Details:

2. BEHAVIORAL INDICATORS:

- ☐ Aggressive or unusual behavior
- ☐ Confusion or disorientation
- ☐ Mood swings or inappropriate responses
- ☐ Decline in performance
- ☐ Unexplained absences or tardiness
- ☐ Unsafe actions or near-miss incidents

Details:

3. SPEECH PATTERNS:

- ☐ Slurred or incoherent speech
- ☐ Rapid or slow speech
- ☐ Repetitive or nonsensical words

Details:

4. OTHER CONCERNING BEHAVIOR OR INFORMATION:

ACTION TAKEN:

- ☐ Employee removed from duty
- ☐ Transportation arranged for testing
- ☐ Employee sent for drug/alcohol testing
- ☐ HR notified
- ☐ Incident documented in personnel file

TESTING DETAILS:

TEST DATE

TEST TIME

TESTING FACILITY

ATTESTATIONS:

SUPERVISOR PRINTED NAME

SUPERVISOR SIGNATURE

DATE

WITNESS PRINTED NAME (if applicable)

WITNESS SIGNATURE

DATE