

REASONABLE SUSPICION OBSERVED BEHAVIOR REPORT

Behavior that provides reasonable suspicion supporting a test for controlled substances or alcohol use must be observed and documented by a supervisor. If possible, the behavior should be observed and documented by two supervisors. The documentation of the employee's conduct shall be prepared by the observing supervisor(s) within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier. Distribute this report to appropriate authorities based on agency policy and procedures while maintaining employee confidentiality.

Employee Name _____ Employee ID Number _____

Employee Job Title _____ Agency _____

Employee is reporting for duty _____ Employee is already on duty _____

Behavioral observation timeline:

From (date/time) _____/_____/_____ am/pm To (date/time) _____/_____/_____ am/pm

Site or Location where observation(s) occurred:

Street Address _____ City _____ Zip Code _____

CAUSE FOR REASONABLE SUSPICION

NOTE: A manager or supervisor must complete this form. A combination of one or more observable signs and symptoms of drug or alcohol use must be observed to establish reasonable suspicion. Determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, body odors or speech (ABBS) of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. In making a determination of reasonable suspicion, additional factors may include, but are not limited to the following:

- Pattern of unsatisfactory job performance or work habits;
- Occurrence of a serious or potentially serious work-related accident that may have been caused by human error or flagrant violations of safety, security, or other operating procedures;
- Evidence of illegal substance use, possession, sale, or delivery while on duty and/or possession of drug paraphernalia;
- Information provided by either a reliable or credible source independently corroborated or having corroborative evidence from a supervisor;

Physical Signs or Symptoms (CIRCLE ALL THAT APPLY)

Flush/pale/sweaty face	Dry mouth/lip smacking	Odor of alcohol
Profuse/excessive sweating	Vomiting/excessive belching	Odor of marijuana
Red/bloodshot eyes	Shaking hands/body tremors/twitching	Odor of chemicals
Glassy/watery eyes	Disheveled appearance	
Closed eyes	Needle tracks or puncture marks	
Droopy eyelids	Frequent sniffing	
Dilated/constricted pupils	Shortness of breath/difficulty breathing	
	Runny nose/sores around nostrils	

Behavioral Indicators (CIRCLE ALL THAT APPLY)

Agitated/insulting speech	Irritable/angry/impulsive	Sad, depressed, withdrawn
Combative/threatening speech	Use of profanity/argumentative	Anxious/fearful
Incoherent/slurred/slow speech	Swaying/stumbling/staggering	Cannot control machinery/equipment
Rapid/rambling/repetitive speech	Lack of coordination	Excessive yawning/fatigue/lethargy
Delayed/mumbling speech	Disoriented/confused	Unaccounted time/extended breaks
Shouting/whispering/silent	Euphoric	Loss of inhibition
Uncharacteristically talkative	Tearful	Inappropriate wearing of sunglasses
	Impaired judgment	Falling down/reaching for support
	Sleepy/stupor	In appropriate wearing of outerwear



Description of actions or behaviors Provide a **detailed description** of the behaviors or indicators you observed. **Apply BOAS** - Describe **B**ehavior, **O** odors, **A** ppearance, **S** peech when documenting observations.

Post Accident (Complete if applicable) Specify indicators of drug or alcohol use as a potential factor in this accident:

Employee Interview Ask employee, "Explain the behaviors we have observed" and provide **employee response**:

Checklist Answer the following questions to establish reasonable cause for testing. Consult with your Human Resources Business Partner, Human Resources Representative, Appointing Authority or designee to determine appropriateness of testing upon answering the following questions.

1. Has impairment been displayed by the employee in their workplace appearance, actions and/or performance?
 Yes No
2. Could the impairment result from the possible use of drugs and/or alcohol?
 Yes No
3. Is the impairment current?
 Yes No
4. Did you personally witness the situation and/or the concerning appearance, actions, behavior or performance?
 Yes No
5. Are observers able to (and/or have they) document(ed) facts about the situation?
 Yes No

Observer Information (Must be a manager or supervisor)

Supervisor/Manager Name: _____

Title: _____ Date/Time: _____

IMPORTANT NOTE: SECONDARY OBSERVER must complete a separate, original form. Always seek a secondary observation from another supervisor, manager, or team lead.



Additional Documentation

SAMPLE