**Reasonable Suspicion Record of Observed Behavior, LMC Model Form**

*Helpful background information on this model may be found in [Drug and Alcohol Testing Toolkit for the City Workplace.](https://www.lmc.org/resources/drug-and-alcohol-testing-toolkit-for-the-city-workplace/)*

**This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

**CITY OF \_\_\_\_\_\_\_**

**REASONABLE SUSPICION RECORD OF**

**OBSERVED BEHAVIOR**

**REGARDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Name)

**LOCATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (ZIP)

**DATE & TIME OBSERVED:** Date: \_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_\_\_ a.m./p.m.

*For DOT testing* [*49 C.F.R. § 382.603*](https://www.law.cornell.edu/cfr/text/49/382.603) *requires supervisors of DOT employees to participate in at least 120 minutes of mandatory training (at least 60 minutes on alcohol misuse and an additional 60 minutes on controlled substances use).* ***This training is required for implementing any reasonable suspicion testing****, and must include training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances*

**INSTRUCTIONS:**

This checklist is to be completed by a supervisor when an incident occurs which provides reasonable suspicion that an employee:

* is under the influence of controlled substances or alcohol; or
* has violated City’s written work rules prohibiting the use, possession, sale or transfer of controlled substance or alcohol while the employee is working or while the employee is on City premises or operating the City’s vehicle, machinery or equipment; or
* has sustained a personal injury or has caused another employee to sustain a personal injury, and although the employer does not specifically suspect drug use, there is a reasonable possibility that drug use was a contributing factor to the injury; or
* has caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident.

*A work-related accident or vehicle accident or unauthorized firearm discharge can be grounds for post-accident drug testing without completion of this form.*

*Best practice would be to include language like:* Employees will be driven to the testing site by their supervisor or a representative from \_\_\_\_\_\_\_ *[insert city function, e.g. Human Resources].*

You should note all pertinent behavior and physical signs or symptoms that lead you to reasonably believe the employee has recently used or is under the influence of alcohol or controlled substance or has violated City’s work rules. Mark each applicable item on this form and add any additional facts or circumstances you have observed.

**BEHAVIOR/APPEARANCE WITNESSED:**

(1) **Appearance:**

 Normal  Pale

 Flushed complexion  Puncture marks or “tracks”

 Bloodshot eyes  Breathing irregularity

 Dilated (large)/constricted (pinpoint) pupils

 Inappropriate sunglasses  Runny nose/sores

 Unfocused, blank stare  Disheveled clothing

 Unusual eye movement  Unkempt grooming

 Dizziness  Tremors/twitching

 Tearing, watery eyes  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Profuse sweating

 Cold, clammy, sweats

(2) **Speech Patterns**:

 Normal  Quiet

 Incoherent  Confused

 Slurred, thick  Nonsensical, silly

 Loud, boisterous  Exaggerated enunciation

 Whispers  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (3) **Behavior:**

 Normal  Withdrawal, depression or tearfulness

 Verbal abusiveness  Unresponsiveness

 Clumsy, uncoordinated  Drowsy, sleepy, lethargic

 Agitated, anxious, restless  Hyperactive, fidgety

 Physical abusiveness  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) **Driving:**

 Normal  Near collision

 Erratic  Citations

 Multiple accidents  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) **Movement/Balance:**

 Normal  Stumbles

 Swaying  Unsteady gait

 Staggers  Arms raised (to balance)

 Falls  Lacks coordination

 Holds for balance  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(6) **Awareness:**

 Normal  Lethargic

 Euphoric  Disorientated

 Confused  Mood swings

 Sleepy  Highly excited

 Paranoid  Extreme fatigue

 Hallucinations  Sleeping on the job

 Hostile  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(7) **Odor:**

 Alcohol  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Marijuana

**WRITTEN SUMMARY**:

Please summarize the facts and circumstances of the incident, employee response, supervisor actions taken and any other pertinent information not previously noted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESSED BY:**

This document should be prepared and signed by the individual(s) witnessing the behavior(s) before the results of the test are released.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness Signature

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

 Witness Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness Signature

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

 Witness Name (Print)

Forward original form to \_\_\_\_\_\_\_ [*insert city function, e.g. Human Resources*] for retention in a secured file