**Reasonable Cause/Reasonable Suspicion Testing Form**

Please record the following information to document your reasonable cause/reasonable suspicion test determination.

 Employee’s Name: Employee’s ID/SSN:

Job Title:

Location of Incident: Date: Time Observed:

Trained Supervisor’s Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concurring Supervisor’s Name & Signature**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observations** (Please check all that apply, and include descriptions of any *changes* in behavior.)

***Appearance*:**

 Normal Tremors/ Twitches Flushed or Pale Dilated Pupils

 Sleepy Sores/ Puncture Marks Heavy Eyelids Bloodshot eyes

 Disheveled Excessive Sweating Cleanliness Other (explain below)

Description/Notes:

***Behavior/ Demeanor:***

 Nervous Erratic Mood Swings Lethargic

 Irritable Paranoid Verbally/Physically Abusive Highly Excited

 Confusion/Inattentive Combative Fatigue/ Sleeping/ Drowsiness Other (explain below)

Description/Notes:

***Motor Skills:***

 Normal Swaying Falling Unbalanced Other (explain below)

 Unsteady Lack of Coordination Fidgety Stumbling

Description/Notes:

***Speech:***

 Normal Slurred Loud Other (explain below)

 Incoherent Exaggerated Talking Excessively

Description/Notes:

***Odor*:**

 Normal Smell of Alcohol Excessive Cologne

 Body Odor Smell of Marijuana Other (explain below)

Description/Notes:

***Test Conducted*:** Yes No

Comments: