



# Impaired Behavior Incident Report Form Reasonable Suspicion Documentation

This form is to be completed each time there is a situation or circumstance which may warrant the need to conduct a reasonable suspicion drug and/or alcohol test of a covered employee. The determination shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. **The required observations must be made by a supervisor who is trained in detecting the signs and symptoms of drug use and alcohol misuse and empowered to take action.** You do not need to write in complete sentences, but please do not omit any information.

Attach this form to a copy of the Drug/Alcohol Testing Request form, along with the Chain of Custody Form and/or Breath Alcohol Test Form. This checklist is to be kept confidential and should be placed in the employee's drug and alcohol testing file. Documentation must be prepared within 24 hours of the observation **or** before test results are known.

Name of employee: \_\_\_\_\_

Safety sensitive position: \_\_\_\_\_

Location of employee while impaired: \_\_\_\_\_

Date of observation: \_\_\_\_\_

Time from: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Names of other witnesses: \_\_\_\_\_

Did anyone complain to you about the employee's impaired behavior? If so, who: \_\_\_\_\_

Any presence of drugs, drug paraphernalia, and/or open container of alcohol?  No  Yes

Explain: \_\_\_\_\_

Describe incident – include comments made by the employee, i.e. employee explanation: \_\_\_\_\_

Observations concerning appearance, behavior, speech, or body odors of the covered employee:

**Physical observations:**

- |                      |   |                          |
|----------------------|---|--------------------------|
| _____ Drowsiness     | _____ Unsteady walk/loss of physical control  | _____ Constricted pupils |
| _____ Dizziness      | _____ Runny nose/chronic nasal problems       | _____ Ravenous appetite  |
| _____ Track marks    | _____ Noticeable weight loss/lack of appetite | _____ Profuse sweating   |
| _____ Dilated pupils | _____ Odor like marijuana                     | _____ Odor like alcohol  |
| _____ Red eyes       | _____ Other: _____                            |                          |

**Behavioral observations:**

<input type="checkbox"/> Personality change	<input type="checkbox"/> Neglect of personal hygiene	<input type="checkbox"/> Incoherent speech
<input type="checkbox"/> Moodiness	<input type="checkbox"/> Depression	<input type="checkbox"/> Whispering
<input type="checkbox"/> Alienation	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Silence
<input type="checkbox"/> Combativeness	<input type="checkbox"/> Rapid speech	<input type="checkbox"/> Slow speech
<input type="checkbox"/> Panic reactions	<input type="checkbox"/> Other: _____	

**Performance observations:**

Inability to concentrate     Loss of interest     Errors in judgment     Impaired reasoning

Other: \_\_\_\_\_

**Did observation lead to a personal and confidential interview with the employee?**

No     Yes

**Was a Reasonable Suspicion Test performed?**

No     Yes

Date and time: \_\_\_\_\_

**Type of test conducted:**

Drug     Alcohol

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

Notification time: \_\_\_\_\_

**Collection site:** \_\_\_\_\_

**Notes:**

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

I observed the above documented physical, behavioral, and performance indicators of the named employee required to submit to a reasonable suspicion drug and/or alcohol test.

\_\_\_\_\_  
Name of Supervisor (Print)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date/Time

**Notations of test result, to be completed by Designated Employer Representative (DER):** \_\_\_\_\_

**Test results:**

<input type="checkbox"/> Drug negative	<input type="checkbox"/> Drug positive		
<input type="checkbox"/> Alcohol negative	<input type="checkbox"/> Alcohol positive	Screening level: _____	Confirmation level: _____