

REASONABLE SUSPICION OBSERVATION
FORM

C. PHYSICAL SIGNS OR SYMPTOMS

1. Possessing, dispensing, or using controlled substance
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Dilated or constricted pupils or unusual eye movement
5. Bloodshot watery eyes
6. Extreme fatigue or sleeping on the job
7. Excessive sweating or clamminess to the skin
8. Flushed or vert pale face
9. Highly excited or nervous
10. Nausea or vomiting
11. Odor of alcohol
12. Odor of marijuana
13. Dry mouth (frequent swallowing/lip wetting)
14. Dizziness or fainting
15. Shaking hands or body tremors/twitching
16. Irregular or difficult breathing
17. Runny sores or sores are nostrils
18. Inappropriate wearing of sunglasses
19. Puncture marks or "tracks"
20. Other (please specify)

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

SIGNATURE OF SUPERVISOR #1 DATE/TIME

SIGNATURE OF SUPERVISOR #2 DATE/TIME

REV062021