

DOT SUPERVISOR'S REASONABLE SUSPICION DETERMINATION GUIDE

“There is something about _____, _____ today.
(Employee Name - PRINT) (Employee ID#)

I am recording my observation of indicators of probable drug/alcohol use here:”

WHEN IS IT HAPPENING?

Date: _____ Time: _____

WHAT IS HAPPENING?

I see _____

OBSERVED BEHAVIOR:

<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dilated Pupils <input type="checkbox"/> Constricted Pupils <input type="checkbox"/> Drowsiness <input type="checkbox"/> Cold Sweats <input type="checkbox"/> Rapid Breathing <input type="checkbox"/> Dizziness <input type="checkbox"/> Tremors <input type="checkbox"/> Excessive Yawning <input type="checkbox"/> Chronic Redness of Eyes <input type="checkbox"/> Chronic Nasal Problems <input type="checkbox"/> Odor of Marijuana <input type="checkbox"/> Odor of Alcoholic Beverage <input type="checkbox"/> Noticeable weight loss <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Ravenous Appetite <input type="checkbox"/> Unsteady Walk/Stumbling 	<p><u>Behavioral Indicators</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Moodiness <input type="checkbox"/> Alienation <input type="checkbox"/> Combativeness <input type="checkbox"/> Panic Reactions <input type="checkbox"/> Neglect of Personal Hygiene <input type="checkbox"/> Anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> Agitation <input type="checkbox"/> Restlessness <input type="checkbox"/> Euphoria 	<p><u>Speech Indicators</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Thick <input type="checkbox"/> Slurred <input type="checkbox"/> Excessively Talkative <input type="checkbox"/> Rapid <input type="checkbox"/> Incoherent <p><u>Performance Indicators</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to Concentrate <input type="checkbox"/> Errors in Judgment <input type="checkbox"/> Impaired Reasoning
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Observer's Name: _____ / _____
Print Signature

Phone: _____ Title/Dept: _____ / _____

Additional Observer's Name: _____ / _____
Print Signature

Phone: _____ Title/Dept: _____ / _____

<input type="checkbox"/> I concur with the observer	<input type="checkbox"/> I do not concur with the observer
Test to be performed: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both	Test to be performed <input type="checkbox"/> Alcohol