

## **REASONABLE SUSPICION OBSERVED BEHAVIOR REPORT**

Behavior that provides reasonable suspicion supporting a test for controlled substances or alcohol use must be observed and documented by a Supervisor, Department Head or appropriate Designee. If possible, the behavior should be observed and documented by two supervisors. The documentation of the employee's conduct shall be prepared by the observing supervisor(s) within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier. This report shall be utilized and maintained according to municipal policy and procedure while maintaining employee confidentiality to the greatest extent possible.

**Employee Name** \_\_\_\_\_ **Employee ID Number** \_\_\_\_\_

**Employee Job Title** \_\_\_\_\_ **Department** \_\_\_\_\_

Employee is reporting for duty \_\_\_\_\_ Employee is already on duty \_\_\_\_\_

### **Behavioral observation timeline:**

From (date/time) \_\_\_\_\_ / \_\_\_\_\_ am/pm To (date/time) \_\_\_\_\_ / \_\_\_\_\_ am/pm

### **Site or Location where observation(s) occurred:**

**Street Address**

**City**

**Zip Code**

### **CAUSE FOR REASONABLE SUSPICION**

**NOTE:** A Supervisor, Department Head or Designee must complete this form. A combination of one or more observable signs and symptoms of drug or alcohol use must be observed to establish reasonable suspicion. Determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, body odors or speech (ABBS) of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. In making a determination of reasonable suspicion, additional factors may include, but are not limited to the following:

- Pattern of unsatisfactory job performance or work habits;
- Occurrence of a serious or potentially serious work-related accident that may have been caused by human error or flagrant violations of safety, security, or other operating procedures;
- Evidence of illegal substance use, possession, sale, or delivery while on duty and/or possession of drug paraphernalia;
- Information provided by either a reliable or credible source independently corroborated or having corroborative evidence from a supervisor;

**Physical Signs or Symptoms**

**(CIRCLE ALL THAT APPLY)**

Flush/pale/sweaty face

Dry mouth/lip smacking

Odor of alcohol

Profuse/excessive sweating

Vomiting/excessive belching

Odor of marijuana

Red/bloodshot eyes

Shaking hands/body tremors/twitching

Odor of chemicals

Glassy/watery eyes

Disheveled appearance

Closed eyes

Needle tracks or puncture marks

Droopy eyelids

Dilated/constricted pupils

Shortness of breath/difficulty breathing

Runny nose/sores around nostrils

Frequent sniffing

**Behavioral Indicators**

**(CIRCLE ALL THAT APPLY)**

Agitated/insulting speech

Irritable/angry/impulsive

Anxious/fearful

Sad, depressed, withdrawn

Combative/threatening speech

Disoriented/confused

Use of profanity/argumentative

Incoherent/slurred/slow speech

Tearful

Swaying/stumbling/staggering

Cannot control machinery/equipment

Euphoric

Rapid/rambling/repetitive speech

Lack of coordination

Sleepy/stupor

Excessive yawning/fatigue/lethargy

Delayed/mumbling speech

Unaccounted time/extended breaks

Shouting/whispering/silent

Uncharacteristically talkative

Loss of inhibition

Inappropriate wearing of sunglasses

Impaired judgment

Falling down/reaching for support

Inappropriate wearing of outerwear

**Description of Actions or Behaviors**

Provide a detailed description of the behaviors or indicators you observed. **Apply BOAS** – Describe **B**ehavior, **O**dors, **A**pppearance, **S**peech when documenting observations.

**Post Accident**

(Complete if applicable) Specify indicators of drug or alcohol use as a potential factor in this accident:

**Employee Interview**

Ask employee, “Explain the behaviors we have observed” and provide **employee response**:

## CHECKLIST

Answer the following questions to establish reasonable suspicion for testing. Consult with your Appointing Authority or Designee to determine appropriateness of testing upon answering the following questions.

1. Has impairment been displayed by the employee in their workplace appearance, actions and/or performance?  
Yes No
2. Could the impairment result from the possible use of drugs and/or alcohol?  
Yes No
3. Is the impairment current  
Yes No
4. Did you personally witness the situation and/or the concerning appearance, actions, behavior or performance?  
Yes No
5. Are observers able to (and/or have they) document(ed) facts about the situation?  
Yes No

---

**Observer Information (Must be a manager or supervisor or authorized designee)**

**Supervisor/Manager Name:**

**Title:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**IMPORTANT NOTE: SECONDARY OBSERVER must complete a separate, original form. Attempt to seek a secondary observation from another supervisor, manager, or designee**



**ADDITIONAL DOCUMENTATION/INFORMATION**