

Missouri Department of Transportation
REASONABLE SUSPICION OBSERVATION FORM

Please Note: DOT regulations require this form to be completed and signed within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier. The form must be completed and signed by the trained supervisor who made the observation.

Employee Name: _____

Social Security Number: - xxx-xx- _____
(Last 4 digits only)

Observation: Date: _____ Time: (From _____ am/pm to _____ am/pm)

Location: _____
(Street) (City) (State) (Zip)

Trained Supervisor Observations:

Please Note: A trained supervisor must directly observe the appearance, behavior, or motor skills that supports the reasonable suspicion testing. One of the below observations by itself will not necessarily result in a reasonable suspicion test. Please mark all that apply and, if you have any question about whether a reasonable suspicion test should be administered, contact Employee Health and Wellness, the District Safety Office, or Human Resources for assistance.

- 1. Appearance [] Normal [] Inability to Focus [] Drowsiness
[] Dilated/Constricted Pupils [] Runny Nose/Sores [] Trembling
[] Blood Shot Eyes [] Perspire Excessively [] Flushed Face
[] Deterioration in Personal Hygiene [] Inability to Grasp Object
[] Spasmodic Eye Jerks [] Glazed Look
[] Light Sensitivity [] Body Temp. Complaints
[] Odor of Alcohol on Breath [] Eye-hand Coordination Problems
[] Body Odor of Alcohol
[] Other (specify) _____

- 2. Behavior
Speech: [] Normal [] Incoherent [] Slurred [] Inability to Complete Sentences
[] Confused [] Slowed [] Withdrawn [] Rapid/Excessive Talking
[] Loud [] Silent
[] Other (specify) _____
Awareness: [] Normal [] Confused [] Mood Swings [] Euphoria
[] Lack of Interest [] Disoriented [] Disoriented [] Blaming
[] Lack of Coordination [] Irritable [] Inattentive [] Agitated
[] Distracted by Activity [] Extreme fatigue or sleeping on the job [] Hostile
[] Other (specify) _____

- 3. Motor Skills
Balance: [] Normal [] Swaying [] Falling [] Staggering
[] Other (specify) _____
Walking & Turning: [] Normal [] Swaying [] Arms Raised for Balance
[] Stumbling [] Falling [] Reaching for Support
[] Other (specify) _____

4. Other observations (specify): _____

Signature of Trained Supervisor who made the direct observation:

(Signature) (Print) (Date) _____ am/pm

Additional Cause for Suspicion

Examples may include observed/reported possession or use of prohibited substance(s) or other suspicious behavior such as a flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, insubordination, etc.

Summary of Additional Causes for Suspicion:

Summary of Trained Supervisor's Discussion with Employee:

Signature of Trained Supervisor who made the direct observation:

| | | |
|-------------|---------|--------|
| | | |
| (Signature) | (Print) | (Date) |