# OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

LAMPTON-LOVE, INC.

**PERSONNEL OFFICE USE ONLY**

Employee Number _____

Location _____

Incident Number _____

DRIVER'S NAME

DATE OBSERVED

ADDRESS OF INCIDENT:
Street City State Zip Code

TIME OBSERVED
FROM _____ a.m. p.m.
TO _____ a.m. p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR §382.307 *Reasonable Suspicion Testing*, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

**Reasonable suspicion determined for:** ☐ **Alcohol** ☐ **Drugs**

**Mark items that apply and describe specifics**

**1. WALKING/BALANCE:**
_____ Stumbling _____ Staggering _____ Falling _____ Unable to stand
_____ Swaying _____ Unsteady _____ Holding on _____ Rigid
_____ Sagging at knees _____ Feet wide apart

**2. SPEECH:**
_____ Shouting _____ Whispering _____ Slow _____ Rambling
_____ Slurred _____ Slobbering _____ Incoherent

**3. ACTIONS:**
_____ Resisting communications _____ Insulting _____ Hostile _____ Drowsy
_____ Fighting/insubordinate _____ Profanity _____ Threatening _____ Erratic
_____ Hyperactive _____ Crying _____ Indifferent

**4. EYES:**
_____ Bloodshot _____ Watery _____ Dilated _____ Glassy
_____ Droopy _____ Closed _____ Wearing sunglasses

**5. FACE:**
_____ Flushed _____ Pale _____ Sweaty

**6. APPEARANCE/CLOTHING:**
_____ Disheveled _____ Messy _____ Dirty _____ Partially dressed
_____ Having odor _____ Stains on clothing

**7. BREATH:**
_____ Alcoholic odor _____ Faint alcohol odor _____ No alcohol odor _____ Marijuana odor

**8. MOVEMENTS:**
_____ Fumbling _____ Jerky _____ Slow _____ Nervous
_____ Hyperactive

**9. EATING/CHEWING:**
_____ Gum _____ Candy _____ Mints _____ Tobacco
_____ Other

Other observations: _____

_____

Did employee admit to using drugs or alcohol? _____ Yes _____ No
When: _____ Substance: _____
How much: _____ Where taken: _____

**WITNESSED BY:**

| Signature | Title | Preparation date | Time |
|---|---|---|---|
| _____ | _____ | _____ | _____ a.m. p.m. |
| _____ | _____ | _____ | _____ a.m. p.m. |

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.

**EMPLOYER RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE**