

## REASONABLE SUSPICION DOCUMENTATION FORM

 Driver is reporting for duty

 Driver is already on duty:

|   |   |  |   |
|---|---|--|---|
| DRIVER NAME:  |   | DATE OF OBSERVATION  |   |
| LOCATION:   |   | TIME OF OBSERVATION  |   |
|   |   | AM   | AM  |
|   |   | FROM   | TO  |
|   |   | PM   | PM  |
| <b>OBSERVED PERSONAL BEHAVIOR (CHECK ALL APPROPRIATE ITEMS)</b> |   |  |   |
| BREATH:<br>(Odor of alcoholic beverage)                         | <input type="checkbox"/> STRONG<br><input type="checkbox"/> NONE  | <input type="checkbox"/> FAINT   | <input type="checkbox"/> MODERATE   |
| EYES:   | <input type="checkbox"/> BLOODSHOT<br><input type="checkbox"/> CLEAR<br><input type="checkbox"/> DILATED PUPILS   | <input type="checkbox"/> GLASSY<br><input type="checkbox"/> HEAVY EYELIDS  | <input type="checkbox"/> NORMAL<br><input type="checkbox"/> FIXED PUPILS  |
| SPEECH:   | <input type="checkbox"/> CONFUSED<br><input type="checkbox"/> ACCENT<br><input type="checkbox"/> SLURRED<br><input type="checkbox"/> NOT UNDERSTANDABLE | <input type="checkbox"/> STUTTERED<br><input type="checkbox"/> MUMBLED<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> COTTON MOUTHED | <input type="checkbox"/> THICK TONGUED<br><input type="checkbox"/> FAIR<br><input type="checkbox"/> MUSH MOUTHED<br><input type="checkbox"/> OTHER: |
| ATTITUDE:   | <input type="checkbox"/> EXCITED<br><input type="checkbox"/> INDIFFERENT<br><input type="checkbox"/> CARE FREE<br><input type="checkbox"/> COOPERATIVE  | <input type="checkbox"/> COMBATIVE<br><input type="checkbox"/> TALKATIVE<br><input type="checkbox"/> COCKY<br><input type="checkbox"/> PROFANE     | <input type="checkbox"/> HILARIOUS<br><input type="checkbox"/> INSULTING<br><input type="checkbox"/> SLEEPY<br><input type="checkbox"/> POLITE      |
|   | OTHER:  |  |   |
| UNUSUAL ACTION:   | <input type="checkbox"/> HICCOUGHING<br><input type="checkbox"/> FIGHTING<br><input type="checkbox"/> OTHER:  | <input type="checkbox"/> BELCHING<br><input type="checkbox"/> CRYING   | <input type="checkbox"/> VOMITING<br><input type="checkbox"/> LAUGHING  |
| BALANCE:  | <input type="checkbox"/> FALLING<br><input type="checkbox"/> SWAYING  | <input type="checkbox"/> NEEDS SUPPORT<br><input type="checkbox"/> OTHER:  | <input type="checkbox"/> WOBBLING   |
| WALKING:  | <input type="checkbox"/> FALLING<br><input type="checkbox"/> SWAYING  | <input type="checkbox"/> STAGGERING<br><input type="checkbox"/> OTHER:   | <input type="checkbox"/> STUMBLING  |
| TURNING:  | <input type="checkbox"/> FALLING<br><input type="checkbox"/> SWAYING  | <input type="checkbox"/> STAGGERING<br><input type="checkbox"/> HESITANT   | <input type="checkbox"/> STUMBLING<br><input type="checkbox"/> OTHER:   |
| ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:                        |   |  |   |
|   |   |  |   |

|   |
|---|
| SIGNS OR COMPLAINTS OF ILLNESS OR INJURY: |
|   |
|   |

| SUPERVISOR'S OPINION                 |   |   |
|--------------------------------------|---|---|
| EFFECTS OF ALCOHOL/DRUG INTOXICATION | <input type="checkbox"/> NONE<br><input type="checkbox"/> EXTREME | <input type="checkbox"/> SLIGHT<br><input type="checkbox"/> OBVIOUS |
| OPERATION OF EQUIPMENT               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO       | COMMENTS:   |
| ADDITIONAL COMMENTS:                 |   |   |
|                                      |   |   |
|                                      |   |   |

Reasonable Suspicion Test Performed    Yes     No     Date \_\_\_/\_\_\_/\_\_\_    Time \_\_\_\_\_  
Clinic \_\_\_\_\_

Reasonable Suspicion Test Refused    Yes     No     Date \_\_\_/\_\_\_/\_\_\_    Time \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_    Time \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_    Time \_\_\_\_\_