**Oklahoma Department of Transportation**

**Reasonable Suspicion Determination Report**

Employee Name: Employee ID/SSN:

Date of Observation: Time of Observation: AM/PM

**Observed Indicators of Prohibited Drug Use/Alcohol Misuse**

*Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee.*

*Check all indicators observed:*

|  |  |  |
| --- | --- | --- |
| **Physical Indicators**   * Observable physical evidence   (drugs and/or paraphernalia)   * Bloodshot or watery eyes * Flushed or very pale complexion * Extensive sweating/skin clamminess * Dilated or constricted pupils * Disheveled clothing/unkempt   grooming   * Unfocused, blank stare * Runny or bleeding nose * Puncture marks * Jerky eye movement * Body odor | **Behavioral Indicators**   * Fidgety/agitated * Irregular breathing * Nausea/vomiting * Slow reactions * Unstable walking * Poor coordination * Hand tremors * Suspicious, paranoid * Depressed, withdrawn * Lackadaisical attitude * Irritable, moody * Extreme fatigue | **Speech Indicators**   * Slurred or slowed speech * Loud, boisterous * Incoherent, nonsensical * Repetitious, rambling * Rapid, pressured * Excessive talkativeness * Exaggerated enunciation * Cursing, inappropriate speech * Inability to concentrate * Impulsive, unusual   risk-taking   * Delayed decision-making * Reduced alertness |

**Written Summary**

*Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed.*

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**Testing Information:**

Collection Site Location: Time Arrived: AM/PM

1. Was the **alcohol** test performed within **2** hours of the time of the observations that led to the reasonable suspicion determination?

YES

NO, **Explain:**

1. Was the **alcohol** test performed within **8** hours of the time of the observations that led to the reasonable suspicion determination?

YES

NO, **Explain:**

**If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.**

*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

Supervisor Name: Phone No:

Signature: Date: