

SAMPLE

OBSERVED BEHAVIOR - REASONABLE CAUSE RECORD

ATTACH TAXI RECEIPT HERE

Employee Name: _____ **Social Security Number:** _____

Date: _____ **From:** _____ am/pm **To:** _____ am/pm

Jobsite name and location: _____

Cause for Suspicion

1. Presence of Drugs and/or Drug Paraphenelia (specify): _____

2. Appearance:
- | | | |
|---|---|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed | <input type="checkbox"/> Puncture Marks |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Inappropriate wearing of Sunglasses |
| <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Tremors | <input type="checkbox"/> Runny Nose/Sores |
| <input type="checkbox"/> Dry-Mouth Symptoms | <input type="checkbox"/> Other _____ | |

3. Behavior:
- Speech:
- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Silent | <input type="checkbox"/> Slowed | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Other: _____ | |

- Awareness:
- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Euphoria |
| <input type="checkbox"/> Paranoid | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Other _____ |

4. Motor Skills:
- Balance:
- | | | |
|-------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling |
| <input type="checkbox"/> Staggering | <input type="checkbox"/> Other _____ | |

- Walking & Turning:
- | | | |
|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Arms Raised for Balance |
| <input type="checkbox"/> Stumbling | <input type="checkbox"/> Falling | <input type="checkbox"/> Reaching for Support |
| <input type="checkbox"/> Other _____ | | |

5. Other Observed Actions or Behavior (be specific): _____

6. Did employee refuse alcohol or drug screen? _____

7. If an alcohol or drug screen was refused, please answer the following questions:
Was a taxi called to drive employee home? Yes: ____ No: ____ If yes, attach receipt at top.
If no, why not? _____

8. Did the employee leave the workplace on his/her own? _____

9. Circumstances of employee's departure: _____

10. Time left: _____ am/pm

11. Vehicle description (if any): _____

12. Vehicle license number and state: _____

13. Were local police authorities called? (time and circumstances) _____

14. Name of authority notified: _____

Other person(s) observing departure:
1 _____ 2 _____ 3 _____

Witnessed by:

(Signature) (Title) (Date) (Time) am / pm

(Signature) (Title) (Date) (Time) am / pm

For cause drug / alcohol test has been requested by:

(Supervisor) _____
(Print) (Signature)

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever