

OBSERVED BEHAVIOR - REASONABLE CAUSE RECORD

Employee: Name: _____			
Identification Number: _____			
Observation Date: _____			
Location: _____			
(STREET)	(CITY)	(STATE)	(ZIP)

CAUSE FOR SUSPICION

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

2) Appearance: Normal Flushed Puncture Marks

Disheveled Bloodshot Eyes Profuse Sweating

Dry-mouth Symptoms Runny Nose/Sores Tremors

Dilated/Constricted Pupils Inappropriate wearing of sunglasses

Other _____

3) Behavior/
Speech Normal Incoherent Slurred Silent

Confused Slowed Whispering

Other _____

Awareness: Normal Confused Mood Swings Euphoria

Lethargic Paranoid Disoriented

Lack of Coordination

Other _____

4) Motor Skills
Balance: Normal Swaying Falling Staggering

Other _____

Walking &
Turning: Normal Swaying Arms Raised for Balance

Stumbling Falling Reaching for Support

Other _____

5) Other Observed Actions or Behavior (specify): _____

Witnessed by:

(SIGNATURE) (TITLE) (DATE) (TIME) am/pm

(SIGNATURE) (TITLE) (DATE) (TIME) am/pm

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 is earlier (49 CFR 391.99(d)).