Employee Name:_________________________ Department__________________________

Date of Incident:_________________________ Time of Incident:_______________________

Indicate and describe which of the following apply to the Reasonable Suspicion of controlled substance or alcohol abuse.

1. Erratic and/or Reckless behavior by an individual.  
   Y_____ N______

Describe observation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
2. Otherwise unexplained slurred speech; signs of altered motor function including inability to stay awake, poor co-ordination or staggering gait, or extreme emotional states.

\[
\begin{array}{ll}
Y & N \\
\end{array}
\]

Describe observation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Observance of an individual consuming what appears to be alcohol or a controlled substance.

\[
\begin{array}{ll}
Y & N \\
\end{array}
\]

Describe observation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. The odor of alcohol or any controlled substance on the individual.

Y____  N_______

Describe observation:

5. Has the employee been given a chance to explain any of the above observations?

Y____  N_______

Describe observation:
6. Action taken: (Include times, dates, placed, persons, and pertinent information):


7. List Witnesses:


Employee’s Signature


Date


Time


Supervisor’s Signature


Date


Time