



Reasonable Suspicion Record of Observed Behavior

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. According to 49 CFR 382.307 (Reasonable Suspicion Testing), the University of Iowa shall require the employee to submit to a controlled substance and/or breath alcohol test if a supervisor or university official, who is trained in accordance with 49 CFF 382.603, determines that reasonable suspicion exists.

Employee Name	Date of Observation
Location of Observation	Time of Observation
Building:	From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Street:	To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
City:	
Other:	

First Supervisor	Job Title
Second Supervisor	Job Title

Reasonable suspicion determined for ☐ Alcohol ☐ Controlled substances

1. Circumstances at the time of the evaluation:

Employee is reporting for duty? Yes ☐ No ☐

Employee is already on duty? Yes ☐ No ☐

2. Observations of the Employee (check ALL that apply):

a. Appearance

- | | |
|--|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Disheveled appearance |
| <input type="checkbox"/> Sleepy | <input type="checkbox"/> Impaired coordination |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Dilated or constricted pupils |
| <input type="checkbox"/> Very flushed or very pale | <input type="checkbox"/> Constricted (pinpoint) pupils |
| <input type="checkbox"/> Excessive sweating or clamminess | <input type="checkbox"/> Unfocused, blank stare |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Bloodshot or watery eyes |
| <input type="checkbox"/> Dry mouth, frequent swallowing, wetting lips frequently | <input type="checkbox"/> Rapid or continuous eye movement or inability to focus |

b. Behavior

- | | |
|--|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Slowed reaction rate |
| <input type="checkbox"/> Unsteady walk, poor coordination | <input type="checkbox"/> Isolated/Withdrawn |
| <input type="checkbox"/> Shaking hands/body, tremors, twitches | <input type="checkbox"/> Unexplained time spent alone |

- ☐ Breathing irregular or w/difficulty
- ☐ Loss of physical control
- ☐ Nausea or vomiting
- ☐ Dizziness or fainting
- ☐ Depressed, withdrawn
- ☐ Hallucinations
- ☐ Irritating cough/chronic sore throat
- ☐ Restlessness, aggressive behavior
- ☐ Wide mood swings
- ☐ Secretive behavior/defensive attitude
- ☐ Unusual defensiveness/anxiety/agitation irritable
- ☐ Verbal abusiveness
- ☐ Physical abusiveness

c. Speech

- ☐ Normal
- ☐ Rapid, pressured
- ☐ Thick/Slurred
- ☐ Slow
- ☐ Incoherent

d. Body Odors

- ☐ Normal
- ☐ Distinctive color on clothing
- ☐ Odor of alcohol on breath

e. Long-Term Patterns *Long-term patterns should not form the sole basis of *reasonable suspicion*

- ☐ Frequent requests for time off during work day/long lunch hours
- ☐ Unsatisfactory work performance
- ☐ Frequent illness
- ☐ Drastic weight changes
- ☐ Complaints about them
- ☐ Financial problems/frequent need to borrow money/theft from workplace

- ☐ Highly excited or nervous
- ☐ Sluggish/Lazy
- ☐ Diminished concentration and short-term memory
- ☐ Avoidance of supervisors
- ☐ Numerous accidents without explanation
- ☐ Difficulties dealing with co-workers
- ☐ Lack of motivation
- ☐ Frequent visits to vehicle parking lot
- ☐ Extreme aggressiveness
- ☐ Wearing sunglasses and long-sleeved shirts at inappropriate times to hide dilated pupils or needle marks

- ☐ Exaggerated enunciation
- ☐ Repetitious, rambling, excessively talkative
- ☐ Loud, boisterous
- ☐ Nonsensical, silly
- ☐ Cursing, inappropriate speech

- ☐ Alcohol
- ☐ Marijuana

4. Written summary and other observations for reasonable suspicion/comments

Signature – First Observing Supervisor

Title

Date

Time

☐ a.m.
☐ p.m.

Signature – Second Observing Supervisor

Title

Date

Time

☐ a.m.
☐ p.m.

ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A REASONABLE SUSPICION DETERMINATION.