

## Reasonable Cause/Reasonable Suspicion Testing Form

Please record the following information to document your reasonable cause/reasonable suspicion test determination.

Employee's Name: \_\_\_\_\_ Employee's ID/SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Time Observed: \_\_\_\_\_

Trained Supervisor's Name & Signature: \_\_\_\_\_

Concurring Supervisor's Name & Signature<sup>1</sup>: \_\_\_\_\_

### Observations (Please check all that apply, and include descriptions of any *changes* in behavior.)

#### Appearance:

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Normal     | <input type="checkbox"/> Tremors/Twitches     | <input type="checkbox"/> Flushed or Pale | <input type="checkbox"/> Dilated Pupils        |
| <input type="checkbox"/> Sleepy     | <input type="checkbox"/> Sores/Puncture Marks | <input type="checkbox"/> Heavy Eyelids   | <input type="checkbox"/> Bloodshot eyes        |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Excessive Sweating   | <input type="checkbox"/> Cleanliness     | <input type="checkbox"/> Other (explain below) |

Description/Notes:

#### Behavior/Demeanor:

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Nervous               | <input type="checkbox"/> Erratic   | <input type="checkbox"/> Mood Swings                 | <input type="checkbox"/> Lethargic             |
| <input type="checkbox"/> Irritable             | <input type="checkbox"/> Paranoid  | <input type="checkbox"/> Verbally/Physically Abusive | <input type="checkbox"/> Highly Excited        |
| <input type="checkbox"/> Confusion/Inattentive | <input type="checkbox"/> Combative | <input type="checkbox"/> Fatigue/Sleeping/Drowsiness | <input type="checkbox"/> Other (explain below) |

Description/Notes:

#### Motor Skills:

- |                                   |   |                                  |                                     |  |
|-----------------------------------|---|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Swaying              | <input type="checkbox"/> Falling | <input type="checkbox"/> Unbalanced | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Unsteady | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Fidgety | <input type="checkbox"/> Stumbling  |  |

Description/Notes:

#### Speech:

- |                                     |                                      |  |  |
|-------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Normal     | <input type="checkbox"/> Slurred     | <input type="checkbox"/> Loud                | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Exaggerated | <input type="checkbox"/> Talking Excessively |  |

Description/Notes:

#### Odor:

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Normal    | <input type="checkbox"/> Smell of Alcohol   | <input type="checkbox"/> Excessive Cologne     |
| <input type="checkbox"/> Body Odor | <input type="checkbox"/> Smell of Marijuana | <input type="checkbox"/> Other (explain below) |

Description/Notes:

**Test Conducted:**  Yes  No

Comments:

<sup>1</sup> Not applicable for reasonable suspicion alcohol testing determinations [ref 14 CFR § 120.217(d)], or reasonable cause drug testing determinations for non part 121 certificate holders that employ 50 or fewer safety-sensitive employees [ref 14 CFR § 120.109(d)].