

Name of Company: _____

Reasonable Suspicion Testing Referral Form

This form is to be used to document the decision to administer a reasonable suspicion drug or alcohol test by a supervisor or company official who is trained in detecting the signs and symptoms of drug use and alcohol misuse. After a **direct** observation of the employee's appearance, behavior, speech, and/or body odors, please check **ALL** the indicators that resulted in your decision to administer a reasonable suspicion based on the signs and symptoms that the safety-sensitive employee has used a prohibited drug and/or engaged in alcohol misuse. *(Please refer to 49 CFR Part 655.43 for further explanation.)*

Employee Name: _____

Employee No.: _____ Job Title: _____

Supervisor/County Official: _____

Date of Determination: _____ Time of Determination: _____

Name(s) of Witness(es), if any: _____

Appearance or Physical Indicators:

- Flushed or very pale complexion
- Excessive sweating or skin clamminess
- Bloodshot or watery eyes
- Dilated or constricted pupils
- Nystagmus (*jerky eye movement*)
- Unfocused, blank stare
- Runny/bleeding nose
- Dry mouth, wetting lips frequently

Behavioral Indicators

- Stumbling, unsteady gait
- Hyperactivity, fidgety, agitated
- Nervous, disorderly
- Irritable, moody, belligerent
- Shaking, tremors, twitches
- Dizziness or fainting
- Poor coordination
- Depressed, withdrawn
- Extreme fatigue or sleeping on the job
- Breathing irregularly or with difficulty
- Nausea or vomiting
- Significant increase in errors

Speech or Body Odors

- Slurred, thick, slowed
- Incoherent, nonsensical, silly
- Loud, boisterous
- Repetitious, rambling
- Cursing, inappropriate language
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Odor of alcohol
- Distinctive pungent aroma

Other observations not noted above:

Supervisor/Company Official Signature: _____

The supervisor, or other company official making the reasonable suspicion determination must be authorized to do so by the employer and must have received at least 60 minutes of training on indicators of probable drug use and 60 minutes of training on indicators of probable alcohol misuse. *(49 CFR Part 655.14(b)(2))*