

Observation:

On Campus: Building Floor/Room

General Location (if outdoors)

Off Campus: ADDRESS:

Street City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Reasonable suspicion determined for: 🞎 Alcohol 🞎 Drugs**

**Mark items that apply and describe specifics**

**1. WALKING/BALANCE:**

\_\_\_\_ Stumbling \_\_\_\_ Staggering \_\_\_\_ Falling \_\_\_\_ Unable to stand

 \_\_\_\_ Swaying \_\_\_\_ Unsteady \_\_\_\_ Holding on \_\_\_\_ Rigid

 \_\_\_\_ Sagging at knees \_\_\_\_ Feet wide apart

**2. SPEECH:**

\_\_\_\_ Shouting \_\_\_\_ Whispering \_\_\_\_ Slow \_\_\_\_ Rambling

 \_\_\_\_ Slurred \_\_\_\_ Slobbering \_\_\_\_ Incoherent

**3. ACTIONS:**

\_\_\_\_ Resisting communications \_\_\_\_ Insulting \_\_\_\_ Hostile \_\_\_\_ Drowsy

 \_\_\_\_ Fighting/insubordinate \_\_\_\_ Profanity \_\_\_\_ Threatening \_\_\_\_ Erratic

 \_\_\_\_ Hyperactive \_\_\_\_ Crying \_\_\_\_ Indifferent

**4. EYES:**

\_\_\_\_ Bloodshot \_\_\_\_ Watery \_\_\_\_ Dilated \_\_\_\_ Glassy

 \_\_\_\_ Droopy \_\_\_\_ Closed \_\_\_\_ Wearing Sunglasses

**5. FACE:**

\_\_\_\_ Flushed \_\_\_\_ Pale \_\_\_\_ Sweaty

**6. APPEARANCE/CLOTHING:**

 \_\_\_\_ Disheveled \_\_\_\_ Messy \_\_\_\_ Dirty \_\_\_\_ Partially Dressed

 \_\_\_\_ Having odor \_\_\_\_ Stains on clothing

**7. BREATH:**

 \_\_\_\_ Alcoholic odor \_\_\_\_ Faint alcohol odor \_\_\_\_ No alcohol odor \_\_\_\_ Marijuana odor

**8. MOVEMENTS:**

 \_\_\_\_ Fumbling \_\_\_\_ Jerky \_\_\_\_ Slow \_\_\_\_ Nervous

 \_\_\_\_ Hyperactive

1. **EATING/CHEWING:**

\_\_\_\_ Gum \_\_\_\_ Candy \_\_\_\_ Mints \_\_\_\_ Tobacco

\_\_\_\_ Mouthwash \_\_\_\_ Other

Other Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Did employee admit to using drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where Taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESSED BY:**

 a.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ p.m.

Signature Title Preparation Date Time

 a.m.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ p.m.

Signature Title Preparation Date Time

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. The employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or university official determines that reasonable suspicion exists.

EMPLOYEE’S NAME:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OBSERVED

FROM \_\_\_\_\_ a.m./p.m.

 TO \_\_\_\_\_ a.m./p.m.

DATE OBSERVED

**Behavior/Incident**

**Documentation Form**

*HR OFFICE USE ONLY*

Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_