

BUD MAHAS

CONSTRUCTION INC

Employee Name and Location

From: _____ a.m./p.m. To: _____ a.m./p.m.
Observation Time

Observation Date

Reasonable suspicion of current use or impairment by: Alcohol Drugs Both

Cause for Suspicion

Appearance

- | | | | | | |
|--|---|---|---|---|----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed | <input type="checkbox"/> Puncture Marks | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Tremors |
| <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Dry-Mouth | <input type="checkbox"/> Runny Nose/Sores/Frequent Sniffing | | |
| <input type="checkbox"/> Inappropriate Wearing of Sunglasses | | <input type="checkbox"/> Other: | | | |

Behavior: Speech

- | | | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred | <input type="checkbox"/> Silent | <input type="checkbox"/> Confused | <input type="checkbox"/> Slowed |
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Loud | <input type="checkbox"/> Other: | | | |

Behavior: Awareness

- | | | | | | |
|---|---|-------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused | <input type="checkbox"/> Mood Swing | <input type="checkbox"/> Euphoria | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Disoriented |
| <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Aggressive/Violent | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Other: | | |

Motor Skills: Balance

- | | | | | | |
|---------------------------------|----------------------------------|----------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Falling | <input type="checkbox"/> Staggering | <input type="checkbox"/> Head bobbing | |
| <input type="checkbox"/> Other: | | | | | |

Motor Skills: Walking and Turning

- | | | | | | |
|---|----------------------------------|--|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Arms raised for balance | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Falling | |
| <input type="checkbox"/> Reaching for support | <input type="checkbox"/> Other: | | | | |

Motor Skills: Other

- | | | | | | |
|--|---|---|--|--|--|
| <input type="checkbox"/> Dropping things | <input type="checkbox"/> Lack of Coordination | <input type="checkbox"/> Slowed reaction time | | | |
|--|---|---|--|--|--|

Other Observable Actions of Behavior (Specify):

Check if the following conditions are met, (test only if both conditions are met):

- observations are specific, contemporaneous, and articulable on the appearance, behavior, speech, or body odors of the individual
- for alcohol testing, observations are made during, just preceding, or just after the individual is required to be in compliance (performing safety-sensitive functions) with DOT/FHWA regulations

If unable to test in 2 hours of reasonable suspicion determination, state reasons:

If unable to test within 8 hours of reasonable suspicion determination, cease attempts to test and state reasons:

Supervisor/Company Official's Name

Signature

Date

Comments and/or corroboration by a second supervisor or Company Official:

Supervisor/Company Official's Name

Signature

Date