

St. Clair County Community Mental Health
Reasonable Suspicion Determination Report

Employee Name: _____

Employee SSN: _____

Date of Observation: _____

Time: _____

Date of Determination to Test: _____

Time: _____

Observed Indicators of Prohibited Drug Use/Alcohol Misuse

Reasonable suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee.

Check all indicators observed:

Physical Indicators	Behavioral Indicators	Speech Indicators
<input type="checkbox"/> Bloodshot or watery eyes	<input type="checkbox"/> Fidgety/agitated	<input type="checkbox"/> Slurred or slowed speech
<input type="checkbox"/> Flushed or very pale complexion	<input type="checkbox"/> Irregular breathing	<input type="checkbox"/> Loud, boisterous
<input type="checkbox"/> Excessive sweating or clammy skin	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Incoherent, nonsensical
<input type="checkbox"/> Dilated or constricted pupils	<input type="checkbox"/> Slow reactions	<input type="checkbox"/> Repetitious, rambling
<input type="checkbox"/> Disheveled/unkempt appearance	<input type="checkbox"/> Unstable walking	<input type="checkbox"/> Rapid, pressured
<input type="checkbox"/> Unfocused, blank stare	<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Excessive talkativeness
<input type="checkbox"/> Runny or bleeding nose	<input type="checkbox"/> Hand tremors	<input type="checkbox"/> Exaggerated enunciation
<input type="checkbox"/> Jerky eye movement	<input type="checkbox"/> Suspicious, paranoid	<input type="checkbox"/> Cursing, inappropriate speech
<input type="checkbox"/> Body odor	<input type="checkbox"/> Depressed, withdrawn	<input type="checkbox"/> Inability to concentrate
	<input type="checkbox"/> Lackadaisical attitude	<input type="checkbox"/> Impulsive, unusual risk-taking
	<input type="checkbox"/> Irritable, moody	<input type="checkbox"/> Delayed decision-making
	<input type="checkbox"/> Extreme fatigue	<input type="checkbox"/> Reduced alertness

Written Summary

Summarize the facts and circumstances surrounding the incident. Attach additional sheets as necessary.

Testing Information

Collection Site Location: _____

Time Arrived: _____

1. Was the alcohol test performed within 2 hours of the reasonable suspicion determination?

Yes No

If **No**, explain the reason(s) for the delay:

2. Was the alcohol test performed within 8 hours of the reasonable suspicion determination?

Yes No

If **No**, explain the reason(s) the test was not conducted and document why testing was discontinued:

If the alcohol test was not conducted within 8 hours, cease all efforts to administer the test.

The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:

Supervisor Signature

Print Name

Date

This report must be maintained on file with SCCC MH for a minimum of 2 years; 5 years if the drug and/or alcohol test result is positive.