

OBSERVED BEHAVIOR - REASONABLE CAUSE RECORD

Employee name: _____
 Identification #: _____
 Observation date: _____ Time: from _____ a.m. p.m. to _____ a.m. p.m.
 Location (street, city, state, zip): _____

Cause for Suspicion

1. Presence of drugs and/or drug paraphernalia (specify): _____

2. Appearance: normal flushed puncture marks tremors
 disheveled bloodshot eyes runny nose/sores profuse sweating
 inappropriate wearing of sunglasses dry mouth symptoms
 dilated/constricted pupils other: _____

3. Behavior:

 Speech - normal incoherent slurred silent
 confused slowed whispering
 other: _____

 Awareness - normal incoherent mood swings euphoria
 lethargic lack of coordination paranoid disoriented
 other: _____

4. Motor Skills:

 balance - normal swaying falling staggering
 other: _____

 walking and turning - normal arms raised for balance stumbling
 falling reaching for support swaying
 other: _____

5. Other observed actions or behavior (specify): _____

Witnessed by

Signature	Title	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Signature	Title	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 391.99[d]).