

City of Cabot

Drug and Alcohol Compliance Testing Reasonable Suspicion Verification Form

Employee Name: _____

Social Security Number: _____

Department: _____

Observation

Date: _____ Time (From: _____ am/pm To: _____ am/pm)

Location: _____
Street City State Zip Code

The above-named employee was observed by me to exhibit the following:

Behavior: (Speech)

Normal Incoherent Slurred Confused Slowed

Other: _____

Awareness:

Normal Confused/Disoriented Mood Swings

Unusually Aggressive Behavior Drowsiness or Sleepiness

Other: _____

Appearance and/or Odors:

Normal Disheveled/Unkept Dilated/Constricted Pupils

Dry Mouth Symptoms Puncture Marks Alcohol on Breath

Flushed Bloodshot eyes Profuse Sweating

Tremors Runny Nose/Sores

Other: _____

Motor Skills:

Lack of Coordination/ Falling, Swaying, Staggering, Stumbling

Unexplained Work-related Accident or Injury Unsafe Actions

Other: _____

Were drugs or drug paraphernalia observed? Yes No

Other Observed Actions or Behavior (Specify): _____

In my opinion, this behavior is interfering with the above-named employee's ability to perform his/her duties.

* _____
Supervisor's Signature

Date/Time

Witness

Date/Time

Mayor/Personnel Director Contacted

Date/Time

City Attorney Contacted

Date/Time

* By signing this form, I further certify that I have received a minimum of one hour training in both alcohol use and controlled substance abuse in accordance with Federal Motor Carrier Safety Regulations, Title 49, C.F.R. Part 40, Section 382.603.