 **Reasonable Suspicion Determination Report**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID/Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date/Time of Observation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_AM/PM
Date/Time of Determination to Test: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_AM/PM

**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** * Bloodshot or watery eyes
* Flushed or very pale complexion
* Extensive sweating/skin clamminess
* Dilated or constricted pupils
* Disheveled clothing/unkempt grooming
* Unfocused, blank stare
* Runny or bleeding nose
* Jerky eye movement
* Body odor
 | **Behavioral Indicators*** Fidgety/agitated
* Irregular breathing
* Nausea/vomiting
* Slow reactions
* Unstable walking
* Poor coordination
* Hand tremors
* Suspicious, paranoid
* Depressed, withdrawn
* Lackadaisical attitude
* Irritable, moody
* Extreme fatigue
 | **Speech Indicators*** Slurred or slowed speech
* Loud, boisterous
* Incoherent, nonsensical
* Repetitious, rambling
* Rapid, pressured
* Excessive talkativeness
* Exaggerated enunciation
* Cursing, inappropriate speech
* Inability to concentrate
* Impulsive, unusual

risk-taking* Delayed decision-making
* Reduced alertness
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**Written Summary** (*Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed)***:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

**Observing Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **(Name/Phone Number) (Signature) (Date)**

**Additional Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **(Name/Phone Number) (Signature) (Date)

For Employee Transportation Call Dispatch: 313-933-3437**

**Refusal Notifications**
*Informed Employee of Consequences of Refusal to Test – Suspension pending dismissal.*
If they still refuse to test, immediately contact DER
Gabriele Honey at 313-303-1953 or Alicia Miller at 313-244-2327

**NOTE: Maintain a copy for your files and email a copy to the DER at** **DDOT-DandA@Detroitmi.gov** **Revised by DDOT - Office of Compliance November-2020**