

## Form J-DOT Observed Behavior – Reasonable Suspicion Record

<b>DRIVER'S NAME</b>		<b>DATE OBSERVED:</b>	
<b>ADDRESS OF INCIDENT</b>		<b>TIME OBSERVED:</b>	
Street _____	City _____	State _____	Zip _____
		From _____ a.m. or p.m.	To _____ a.m. or p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. Per DOT requirements for reasonable suspicion testing, the employer shall require the driver to submit to a controlled substance or alcohol test if a supervisor or company official who is trained in accordance with §382.603 determines that reasonable suspicion exists.

<b>Reasonable suspicion determined for:</b> <input type="checkbox"/> <b>Alcohol</b> <input type="checkbox"/> <b>Controlled Substances</b>			
<b>Mark items that apply and describe specifics</b>			
<b>1. APPEARANCE:</b> Normal ___    Sleepy ___    Tremors ___    Clothing ___    Cleanliness ___ Description: _____			
<b>2. BEHAVIOR:</b> Normal ___    Erratic ___    Irritable ___    Inappropriate gaiety ___    Mood swings ___    Lethargic ___ Description: _____			
<b>3. SPEECH:</b> _____ Description: _____			
<b>4. BODY ODORS:</b> _____			
<b>5. INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF CONTROLLED SUBSTANCES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____			
<b>6. OTHER OBSERVATIONS FOR REASONABLE SUSPICION:</b> Explain: _____			
<b><u>WITNESSED BY:</u></b>			
Signature	Title	Preparation Date	Time _____ a.m. or p.m.
Signature	Title	Preparation Date	Time _____ a.m. or p.m.
The alcohol test must be administered within eight hours following a reasonable suspicion determination.			
<b><u>EMPLOYEE'S ACKNOWLEDGMENT AND CONSENT:</u></b>			
I acknowledge that I have been informed of the company's reasons for requesting this drug and/or alcohol testing and consent to the testing.			
Employee Signature		Date	

## Form J Non-DOT Observed Behavior – Reasonable Suspicion Record

<b>DRIVER'S NAME</b>		<b>DATE OBSERVED:</b>	
<b>ADDRESS OF INCIDENT</b>		<b>TIME OBSERVED:</b>	
Street _____	City _____	State _____	Zip _____
		From _____ a.m. or p.m.	To _____ a.m. or p.m.

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. The company/corporation will require the employee to submit to a controlled substance test or alcohol test in accordance.

<b>Reasonable suspicion determined for:</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Controlled Substances			
<b>Mark items that apply and describe specifics</b>			
<b>1. APPEARANCE:</b> Normal ___    Sleepy ___    Tremors ___    Clothing ___    Cleanliness ___ Description: _____			
<b>2. BEHAVIOR:</b> Normal ___    Erratic ___    Irritable ___    Inappropriate gaiety ___    Mood swings ___    Lethargic ___ Description: _____			
<b>3. SPEECH:</b> _____ Description: _____			
<b>4. BODY ODORS:</b> _____			
<b>5. OTHER OBSERVATIONS FOR REASONABLE SUSPICION:</b> Explain: _____			
<b><u>WITNESSED BY:</u></b>			
Signature _____	Title _____	Preparation Date _____	Time _____ a.m. or p.m.
Signature _____	Title _____	Preparation Date _____	Time _____ a.m. or p.m.
<b><u>EMPLOYEE'S ACKNOWLEDGMENT AND CONSENT:</u></b>			
I acknowledge that I have been informed of the company's reasons for requesting this drug and/or alcohol testing and consent to the testing.			
Employee Signature _____		Date _____	