

Observed Behavior Reasonable Suspicion Record

| | | |
|----------------------------|---------------------|-------------------------|
| Name of Driver | Date of Observation | Time (From – To, AM/PM) |
| Street Address or Location | City | State |

In accordance with §382.307(f) of Title 49, a written record shall be made of the observations leading to an alcohol or controlled substances reasonable suspicion test, and signed by the supervisor or company official who made the observations within 24 hours of the observed behavior or before the results of the alcohol or controlled substances tests are released, whichever is earlier. Supervisors or company officials making the reasonable suspicion determination must be trained in physical, behavioral, speech, and performance indicators of probable alcohol misuse and use of controlled substances, in accordance with §382.603.

MARK APPLICABLE ITEMS AND DESCRIBE DETAILS IN THE SPACE PROVIDED

| | | | | |
|-------------------------------------|---|---|--|--|
| <u>APPEARANCE:</u> | <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed Face | <input type="checkbox"/> Tremors | <input type="checkbox"/> Running Nose / Sores |
| | <input type="checkbox"/> Overly Dry Mouth | <input type="checkbox"/> Dilated Pupils | <input type="checkbox"/> Constricted Pupils | <input type="checkbox"/> Distinctive Body Odor |
| | <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Inappropriate Wearing of Sunglasses | |
| Comments: _____ | | | | |
| _____ | | | | |
| <u>BEHAVIOR:</u> | <input type="checkbox"/> Normal | <input type="checkbox"/> Erratic | <input type="checkbox"/> Irritable | <input type="checkbox"/> Extreme Mood Swings |
| | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Hyper | <input type="checkbox"/> Lack of Coordination |
| | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Confused | <input type="checkbox"/> Inappropriate gaiety or euphoria | |
| Comments: _____ | | | | |
| _____ | | | | |
| <u>SPEECH:</u> | <input type="checkbox"/> Normal | <input type="checkbox"/> Slurred | <input type="checkbox"/> Hyper | <input type="checkbox"/> Overly Talkative |
| | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Confused | <input type="checkbox"/> Unusually Slow | <input type="checkbox"/> Unusually Deliberate |
| Comments: _____ | | | | |
| _____ | | | | |
| <u>BALANCE:</u> | <input type="checkbox"/> Normal | <input type="checkbox"/> Swaying | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Staggering |
| Comments: _____ | | | | |
| _____ | | | | |
| <u>OTHER OBSERVATIONS:</u> | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| <u>OBSERVATIONS MADE BY:</u> | | | | |
| _____ | _____ | _____ | _____ | _____ |
| Print Name | Signature | Date | Time (AM/PM) | |
| _____ | _____ | _____ | _____ | _____ |
| Print Name | Signature | Date | Time (AM/PM) | |