

## Alcohol and Drug Reasonable Suspicion Record

Employee Name:  Employee Identification Number:   
 Location:  From:  To:    
Observation Time Observation Date

**Reasonable suspicion of current use or impairment by:**     Alcohol     Drugs     Both

<b>Appearance</b>	<b>Cause for Suspicion</b>
<input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Puncture Marks <input type="checkbox"/> Disheveled <input type="checkbox"/> Bloodshot Eyes <input type="checkbox"/> Tremors	
<input type="checkbox"/> Dilated/Constricted Pupils <input type="checkbox"/> Profuse Sweating <input type="checkbox"/> Dry-Mouth <input type="checkbox"/> Runny Nose/Sores/Frequent Sniffing	
<input type="checkbox"/> Inappropriate Wearing of Sunglasses <input type="checkbox"/> Odor of: <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	
<b>Behavior: Speech</b>	
<input type="checkbox"/> Normal <input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred <input type="checkbox"/> Silent <input type="checkbox"/> Confused <input type="checkbox"/> Slow	
<input type="checkbox"/> Loud <input type="checkbox"/> Whispering/Soft <input type="checkbox"/> Inappropriate Comments <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	
<b>Behavior: Awareness</b>	
<input type="checkbox"/> Normal <input type="checkbox"/> Confused <input type="checkbox"/> Euphoria <input type="checkbox"/> Lethargic <input type="checkbox"/> Disoriented	
<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	
<b>Behavior: Other</b>	
<input type="checkbox"/> Mood Swings <input type="checkbox"/> Poor Memory <input type="checkbox"/> Secretive <input type="checkbox"/> Aggressive/Violent <input type="checkbox"/> Paranoid/Distrustful	
<input type="checkbox"/> Disruptive <input type="checkbox"/> Unsafe Acts <input type="checkbox"/> Excessive Fatigue <input type="checkbox"/> Poor Comprehension <input type="checkbox"/> Poor Performance	
<input type="checkbox"/> Presence of Drug Paraphernalia <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	
<b>Motor Skills: Balance and Walking</b>	
<input type="checkbox"/> Normal <input type="checkbox"/> Swaying <input type="checkbox"/> Head Bobbing <input type="checkbox"/> Falling <input type="checkbox"/> Stagger/Stumbling	
<input type="checkbox"/> Arms Raised for Balance <input type="checkbox"/> Reaching for Support <input type="checkbox"/> Wide -Based Gait <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	
<b>Motor Skills: Other</b>	
<input type="checkbox"/> Dropping Objects <input type="checkbox"/> Lack of Coordination <input type="checkbox"/> Slowed Reaction Time <input type="checkbox"/> Over Reaction	
<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>	

**Other Observable Actions of Behavior (Specify):**

**Check if the following conditions are met:**

Observations are specific, current, and describable and based on the appearance , behavior, speech, or body odors of the individual.

Testing observations are made during, just preceding, or just after the individual is required to be in compliance with DOT regulations or Salt Lake County policies.

**If unable to conduct an alcohol test within 2 hours of reasonable suspicion determination, state reasons:**

**If unable to conduct an alcohol test within 8 hours of determination to test, cease attempts to test and state reasons:**

<input style="width: 250px; height: 30px;" type="text"/>	<input style="width: 350px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>
<b>Supervisor's Name</b>	<b>Signature</b>	<b>Date</b>

Comments and/or corroboration by Administrator or designee:

<b>Administrator or Designee</b>	<b>Signature</b>	<b>Date</b>

**Steps to Performing a Reasonable Suspicion Test:**

- Identify problem and observe.
- Document your findings as soon as possible.
- Confirm your findings with Administrator or designee.
- Administrator/designee and supervisor discuss findings with employee.  
**(From this point on the employee is not to be left unattended.)**
  - Meet the employee in private.
  - Tell employee what was observed and observed to be abnormal.
  - As employee, why he/she appears abnormal.
  - Act on medical concerns immediately.
  - Inform employee that supervisors are required to act when there is reasonable suspicion to believe the County's and/or DOT's drug and/or alcohol prohibitions have been violated.
  - Inform employee that County policy requires testing.
  - Inform employee of the consequences of a non-negative or refusal to test.
  - Maintain confidentiality.
- Testing (drug and/or alcohol)
  - Arrange escort/transport of employee to collection site.
  - Arrange escort/transport of employee to home.
  - Employee remains off duty until test results back.

**Remember to remove employee from work area as soon as is necessary to maintain safety of employee and others.**

Final Supervisor Comments:

**Contact any of the following locations to arrange for testing: Divisions will be billed for the cost of testing.**

Clinic Name	Address	Phone
Concentra Redwood 17th South (DOT eCCF)	1735 S Redwood Rd Ste 115 SALT LAKE CITY, UT 84104	(801) 973-4434
Concentra Salt Lake City (DOT eCCF)	2390 S Redwood Rd SALT LAKE CITY, UT 84119	(801) 975-1600
Workmed SLC - Intermountain (DOT eCCF) (Quest Preferred)	1685 West 2200 South SALT LAKE CITY, UT 84119	(801) 972-8850
Rocky Mountain Care (DOT eCCF) (Quest Preferred) Concentra Sandy (DOT eCCF)	4088 West 1820 South SALT LAKE CITY, UT 84104 385 W 9000 S SANDY, UT 84070	(801) 975-7799 (801) 562-5200
Concentra Draper (DOT eCCF)	12422 S 450 E DRAPER, UT 84020	(801) 748-1600
Intermountain WorkMed-Murray (DOT eCCF) (Quest Preferred)	201 East 5900 South ,Suite 100 MURRAY, UT 84107	(801) 288-4900