Guidelines for Reasonable Suspicion Drug and Alcohol Testing:
A supervisor, trained in accordance with 49 CFR, part 382.603, must complete this form when ordering a reasonable suspicion test. Such a test must be conducted when a CMVO appears unfit for duty and probable cause exists to test or when a CMVO has been involved in an incident that requires drug/alcohol testing as set forth in 382.307. Remember: Reasonable suspicion testing must be based on observations concerning the employee’s appearance, behavior, speech, or body odor.

Name of Employee: ___________________ Job Title: ______________ Location: ________________
Observer: ___________________ Date Observed _____ Time ______ Second Observer: ________________________

Check appropriate boxes: □ Employee is reporting for duty or: □ Employee is on duty

Put a check mark by the behavior observed:

Appearance: Confused/Disorientated _____ Hair/Clothing disheveled/Unkempt _______ Wearing sunglasses _______
Other: ______________________________________________________________________________________

Movement: Difficulty walking _____ Difficulty grasping/holding objects _____ Difficulty sitting down/standing up _____
Other: ______________________________________________________________________________________

Motor skills: Trembling/Shaking ___ Restless/Agitated ___ Slow or exaggerated moves ___ Inattentive/Drowsy ___
Other: ______________________________________________________________________________________

Odor on Breath/Body/Clothing: Alcohol _____ Marijuana _____ Just used mouthwash/mints/gum/etc. _____

Facial Appearance: Red/Flushed _____ Sweaty _____ Puffy _____ Pale _____ Runny nose/Sores on nostrils _____
Other: _______________________________________________________________________________________

Eyes: Red/Watery _____ Pupils Large/Small _____ Inability to focus _____ Gaze is glassy/blank/horizontal _____

Speech: Loud _____ Profane _____ Threatening/Hostile _____ Slow/Slurred _____ Rambling _____ Incoherent _____

Actions/Performance: Inappropriate response to questions _____ improper job performance/Insubordination _____
Other comments:
____________________________________________________________________________________________
_____________________________________________________________________________________________

Based on the above, I have determined that reasonable suspicion exists to send _____________________ for a drug and alcohol test and have ordered such testing.

Signature: ___________________ Date: _______ Time: _______ Phone Number: ________________________

Contact the CMVO Drug Testing Program office immediately at 352-392-4940 for instructions and then fax a copy of this report form to that office. Fax: 352-392-8329.