

CMVO Drug Testing Program
Reasonable Suspicion Testing

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.