 **Reasonable Suspicion Determination Report**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID/Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date/Time of Observation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_AM/PM  
Date/Time of Determination to Test: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_AM/PM

**Observed Indicators of Prohibited Drug Use/Alcohol Misuse**

*Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee. Check all indicators observed:*

|  |  |  |
| --- | --- | --- |
| **Physical Indicators**   * Bloodshot or watery eyes * Flushed or very pale complexion * Extensive sweating/skin clamminess * Dilated or constricted pupils * Disheveled clothing/unkempt grooming * Unfocused, blank stare * Runny or bleeding nose * Jerky eye movement * Body odor | **Behavioral Indicators**   * Fidgety/agitated * Irregular breathing * Nausea/vomiting * Slow reactions * Unstable walking * Poor coordination * Hand tremors * Suspicious, paranoid * Depressed, withdrawn * Lackadaisical attitude * Irritable, moody * Extreme fatigue | **Speech Indicators**   * Slurred or slowed speech * Loud, boisterous * Incoherent, nonsensical * Repetitious, rambling * Rapid, pressured * Excessive talkativeness * Exaggerated enunciation * Cursing, inappropriate speech * Inability to concentrate * Impulsive, unusual   risk-taking   * Delayed decision-making * Reduced alertness |

**Written Summary** (*Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed)***:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

**Observing Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **(Name/Phone Number) (Signature) (Date)**

**Additional Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **(Name/Phone Number) (Signature) (Date)  
   
For Employee Transportation Call Dispatch: 313-933-3437**

**Refusal Notifications**  
*Informed Employee of Consequences of Refusal to Test – Suspension pending dismissal.*  
If they still refuse to test, immediately contact DER  
Gabriele Honey at 313-303-1953 or Alicia Miller at 313-244-2327

**NOTE: Maintain a copy for your files and email a copy to the DER at** [**DDOT-DandA@Detroitmi.gov**](mailto:DDOT-DandA@Detroitmi.gov) **Revised by DDOT - Office of Compliance November-2020**