



This form should be used to determine and communicate reasonable suspicion PRIOR to testing an employee. If reasonable suspicion is found, this document may also be used to notify employees that 1) reasonable suspicion has been established according to University of Toledo Policy ' ' *(!&!%) . '8 fi ['UbXUW\c`Um gY, and 2) that they are being ordered to submit to a random drug and/or alcohol test in accordance with University procedure 3364-25-105.1 and UT/AFSCME Collective Bargaining Agreement Article 54

AFSCME employees have the right to union representation **during the interview.**

Date: _____

Time: _____ AM / PM

Employee being observed (please print): _____

Check One:

Title: _____ Probationary _____ Non-Probationary

Please note all observed on-duty behavior and physical signs or symptoms, which leads UT to reasonably believe that the employee above has recently used, or is under the influence of alcohol and/or drugs (check all that are applicable):

Location of Observation: _____

PHYSICAL INDICATORS

EYES

- Watery
- Bloodshot
- Glassy
- Droopy Eye Lids
- Closed
- Appe

FACE

- Red
- Runny Nose
- Dry Mouth
- Pale
- Slobbering

BREATH | ODOR

- Alcoholic Beverage
- Strong
- Chemical
- Mild
- Faint

CONFIDENTIAL

BEHAVIORAL INDICATORS

DEMEANOR

- Cooperative
- Drowsy
- Talkative
- Fighting
- Disoriented
- Polite
- Crying
- Excited
- Anxious
- Inattentive
- Calm
- Silent
- Sarcastic
- Mood Swings
- Appears Normal

ACTIONS

- Fighting
- Hostile
- Hyperactive
- Profane
- Threatening
- Non-Communicative
- Erratic
- Appears Normal

Notes:

PERFORMANCE INDICATORS

STANDING

- Swaying
- Rigid
- Unbalanced
- Appears Normal
- Falling
- Rapid
- Locked Knees
- Feet Wide Apart
- Sagging at Knees

WALKING

- Stumbling
- Unsteady
- Stiff Legged
- Staggering
- Holding On
- Appears Normal
- Swaying
- Rigid

Notes:

Names of Informants and/or Sources of Information, if any: _____

Please summarize the specific facts and circumstances about the employee's behavior and your observations, including examples (attach additional sheets, if necessary):

OBSERVERS: Must be by at least two supervisors or higher ranking officials

! Observed by 8 Q L Y Supervisor \

Name: _____ Title: _____

! Observed by a Higher Ranking Employee R U V H F R Q G 8 Q L Y H U V L W \ 6 X S H U Y L V R U

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

