

**Behavioral / Incident Documentation Form
(for Reasonable Suspicion Drug and Alcohol Testing)**

Employee's name: _____

Name of Supervisor reporting the incident: _____

Work Location: _____ Location of incident: _____

Employee's Job Title: _____ Position #: _____

Observation:

Date of Observation: _____ Time: _____ Length of time observed: _____

Observed by: _____ Witnesses: _____

Description of Incident:

Observed behavior includes: (circle applicable)

Breath/odors:	Strong, faint, moderate, none, other:
Eyes:	Bloodshot, Glassy, heavy eyelids, fixed or dilated pupils, normal, other:
Speech:	Confused, Stuttered, thick tongued, mumbled, slurred, normal, other:
Attitude:	Excited, indifferent, combative, profane, insulting, sleepy, cocky, talkative, normal, other:
Balance:	Falling, swaying, wobbling, other:
Walking:	Falling, Swaying, staggering, stumbling, other:
Turning:	Falling, Swaying, staggering, stumbling, other:
Any other actions or statements:	
Physical appearance:	

Referred for _____ alcohol test _____ drug test _____ both

Employee: _____ agreed to go _____ Refused to go

Information recorded by: _____

Retention Schedule: Upon completion, this form shall be retained in the local personnel office for two (2) calendar years.