

# NC Department of Administration

## OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

DOA USE ONLY

Employee Number: \_\_\_\_\_

Division/Unit: \_\_\_\_\_

EMPLOYEE NAME	DATE OBSERVED
ADDRESS OF INCIDENT: Street _____ City _____ State _____ Zip Code _____	TIME OBSERVED From _____ a.m. p.m. To _____ a.m. p.m.

Reasonable suspicion determined for:  Alcohol  Controlled Substances

### Mark Items that apply and describe specifics

1. APPEARANCE: normal\_\_ sleepy\_\_ tremors\_\_ clothing\_\_ cleanliness\_\_

Description: \_\_\_\_\_

2. BEHAVIOR: normal\_\_ erratic\_\_ irritable\_\_ inappropriate gaiety\_\_ mood swing\_\_ lethargic\_\_

Description: \_\_\_\_\_

3. SPEECH

Description: \_\_\_\_\_

4. BODY ODORS:

Description: \_\_\_\_\_

5. INDICATIONS OF WITHDRAWAL AND OTHER EFFECTS OF ALCOHOL & CONTROLLED SUBSTANCES:

Yes  No

Explain: \_\_\_\_\_

6. OTHER OBSERVATION FOR REASONABLE SUSPICION:

Witnessed by:

Signature	Title	Preparation Date	Time	a.m. p.m.
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