

Form Number LLCF-059	Issue Date 07/15/04	Revision Date 06/15/23	Form Number LLCF-059
	Reasonable Suspicion		

Employee: _____ Date: _____

Location: _____ Time: _____

OBSERVATIONS

Breath (Odor of Alcoholic Beverage): () Strong () Faint () Moderate () None

Eyes () Bloodshot () Glassy () Normal () Watery () Clear

() Heavy Eyelids () Fixed Pupils () Dilated Pupils () Normal

Speech () Confused () Stuttered () Thick-Tongued () Accent () Mumbled

() Fair () Slurred () Mush Mouthed () Good () unintelligible

() Cotton Mouthed () Other _____

Attitude () Excited () Combative () Hilarious () Indifferent () Talkative

() Insulting () Care-Free () Cocky () Sleepy () Cooperative

() Profane () Polite () Other _____

Unusual () Hiccoughing () Belching () Vomiting () Fighting () Crying

Action () Laughing () Other _____

Balance () Needs Support () Falling () Wobbling () Swaying

() Other _____

Walking () Falling () Staggering () Stumbling () Swaying

() Other _____

Turning () Falling () Staggering () Stumbling () Swaying () Hesitant

() Other _____

Indicate any other unusual actions, statements or observations:

Signs of complaints of illness or injury:

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Performing Safety-sensitive function: ☐ Yes ☐ No Describe:

Apparent effects of alcohol/drug use: ☐ None ☐ Slight ☐ Obvious ☐ Extreme

Additional Comments:

Supervisor: _____	Witness (Second Supervisor) _____
Signature: _____	Signature _____
Date: _____	Date : _____
Time: _____	Time: _____