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|-------------------------|----------------------|------------------------|-------------------------|
| Form Number LLCF-059 | Issue Date 07/15/04 | Revision Date 01/15/25 | 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: _____ |