

**COLORADO DEPARTMENT OF TRANSPORTATION
OBSERVED BEHAVIOR/REASONABLE SUSPICION REPORT**

Behavior that provides reasonable suspicion supporting a test for controlled substances or alcohol impairment must be witnessed and documented by a supervisor. If at all possible, the behavior should be witnessed by two supervisors. The witnesses should have received training in the detection of probable drug or alcohol use by observing a person's behavior. The documentation of the employee's conduct shall be prepared by the witnesses within 24 hours of the observed behavior or before the results of the tests are released, whichever is earlier.

Employee's name		Social security number		
Job title				
Behavior observed date/time From ___/___/___ (___ am/pm) to ___/___/___ (___ am/pm) <small>Mo Day Year Time Mo Day Year Time</small>				
Location where observation was made				
Street address		City	State	Zip

CAUSE FOR SUSPICION:

<p>1. Presence of drugs and/or drug paraphernalia (specify)</p>																								
<p>2. Appearance</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Flushed</td> <td><input type="checkbox"/> Puncture Marks</td> </tr> <tr> <td><input type="checkbox"/> Disheveled</td> <td><input type="checkbox"/> Bloodshot Eyes</td> <td><input type="checkbox"/> Tremors</td> </tr> <tr> <td><input type="checkbox"/> Inappropriate Wearing of Sunglasses</td> <td></td> <td><input type="checkbox"/> Profuse Sweating</td> </tr> <tr> <td><input type="checkbox"/> Dilated/Constricted Pupils</td> <td></td> <td><input type="checkbox"/> Runny Nose/Sores</td> </tr> <tr> <td><input type="checkbox"/> Dry-mouth Symptoms</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Normal	<input type="checkbox"/> Flushed	<input type="checkbox"/> Puncture Marks	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Tremors	<input type="checkbox"/> Inappropriate Wearing of Sunglasses		<input type="checkbox"/> Profuse Sweating	<input type="checkbox"/> Dilated/Constricted Pupils		<input type="checkbox"/> Runny Nose/Sores	<input type="checkbox"/> Dry-mouth Symptoms			<input type="checkbox"/> Other _____								
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<p>3. Behavior</p> <p>Speech:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Incoherent</td> <td><input type="checkbox"/> Slurred</td> <td><input type="checkbox"/> Silent</td> </tr> <tr> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Slowed</td> <td><input type="checkbox"/> Whispering</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> </tr> </table> <p>Awareness:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Mood Swings</td> <td><input type="checkbox"/> Euphoria</td> </tr> <tr> <td><input type="checkbox"/> Lethargic</td> <td><input type="checkbox"/> Lack of Coordination</td> <td><input type="checkbox"/> Paranoid</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Normal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Silent	<input type="checkbox"/> Confused	<input type="checkbox"/> Slowed	<input type="checkbox"/> Whispering		<input type="checkbox"/> Other _____				<input type="checkbox"/> Normal	<input type="checkbox"/> Confused	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Euphoria	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Lack of Coordination	<input type="checkbox"/> Paranoid		<input type="checkbox"/> Other _____			
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<p>4. Motor Skills</p> <p>Balance:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Swaying</td> <td><input type="checkbox"/> Falling</td> <td><input type="checkbox"/> Staggering</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> </tr> </table> <p>Walking & Turning:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Swaying</td> <td><input type="checkbox"/> Arms Raised for Balance</td> </tr> <tr> <td><input type="checkbox"/> Stumbling</td> <td><input type="checkbox"/> Falling</td> <td><input type="checkbox"/> Reaching for Support</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering	<input type="checkbox"/> Other _____				<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Arms Raised for Balance	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Falling	<input type="checkbox"/> Reaching for Support	<input type="checkbox"/> Other _____									
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<p>5. Other observed actions or behavior (specify)</p>																								

WITNESSED BY:

Name (Print)	
Signature	Date
Name (Print)	
Signature	Date

This document must be prepared and signed by the witnesses within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 391.99 (d)).