

## **REASONABLE SUSPICION TESTING CHECKLIST**

### **49 CFR 382.307**

**Reasonable suspicion testing is performed as part of an employer's Federal Motor Carrier Safety Administration required Drug & Alcohol Testing Policy. This checklist is designed to help your entity properly complete the Reasonable Suspicion documentation and testing process.**

- The supervisor(s) making the determination have received Reasonable Suspicion training.
- The observation was made during, just preceding or just after the period of the work day the driver is required to be in compliance with FMCSA requirements.
- The Reasonable Suspicion Observed Behavior form (attached) will be filled out and signed within 24 hours of the observation or prior to the test results, whichever is earlier.
- The Municipal Manager, Administrator or Selectboard has been consulted or is involved in the process.
- The employee has been formally notified that they will be subjected to a reasonable suspicion test, as required by FMCSA regulations. This may be a verbal or written notification.
- Call DISA (ODT):
  - 24 hour Emergency Line for Reasonable Suspicion or Post-Accident testing: 800-967-3135. If they cannot perform the testing, they can refer you to a nearby clinic that can. They will also provide guidance on forms to use (including Chain of Custody), procedures and answer your questions.
- Drive the employee to be tested to the collection site or clinic. Another supervisor or manager may drive the person to the site if circumstances warrant. Do not let the employee drive themselves, as this is a person that is suspected of being under the influence of drug or alcohol.
- Wait for the employee to complete testing and return to the work location, unless other arrangements for employee transportation have been made.
- If returning to the worksite, make arrangements for the employee to be driven home. If the employee refuses, advise him/her that law enforcement will be contacted.

**This checklist is for the employer's use only and does not need to be retained.**

**Reasonable Suspicion Observed Behavior  
49 CFR 382.307**

EMPLOYEE INFORMATION			
CDL Driver Name:		Date of Observation:	
Employer Name:		Time of Observation:	
Location(s) where observations were made:			
WORKPLACE OBSERVATION			
SPEECH	PHYSICAL	BEHAVIORAL	ODORS
<input type="checkbox"/> Slurred	<input type="checkbox"/> Swaying	<input type="checkbox"/> Excessive anger or outbursts	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Loud	<input type="checkbox"/> Stumbling/Falling	<input type="checkbox"/> Abnormally emotional or tearful	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Whispering	<input type="checkbox"/> Extreme Fatigue	<input type="checkbox"/> Evidence of paranoia	
<input type="checkbox"/> Silent	<input type="checkbox"/> Bloodshot Eyes	<input type="checkbox"/> Memory problems	
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Constricted/Dilated Pupils	<input type="checkbox"/> Abnormal high or low energy levels	
JOB PERFORMANCE AND OTHER OBSERVATIONS			
<b>Document other observed physical, behavioral or work performance characteristics below:</b>			
ADMISSION			
Did employee admit to using drugs or alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>		When:	
Substance:		Where Taken:	
OBSERVER COMPLETING THIS FORM			
Name (print):		Signature:	
Title:		Date:	Time: AM/PM
ADDITIONAL OBSERVER/WITNESS (if any)			
Name (print):		Signature:	
Title:		Date:	Time: AM/PM

**ALCOHOL TESTS MUST BE ADMINISTERED AS SOON AS POSSIBLE FOLLOWING A REASONABLE SUSPICION DETERMINATION, BUT IN NO CASE MORE THAN 8 HOURS LATER. TIME IS OF THE ESSENCE.**

**THIS FORM MUST BE RETAINED IN THE EMPLOYEE'S CONFIDENTIAL FILE FOR A MINIMUM OF 5 YEARS.**