

Alcohol and Drug Reasonable Suspicion Record

Employee Name:	Employee Identification Number:			
Location:	From: To:			
Reasonable suspicion of current use or impairment b	Observation Time Observation Date Y: Alcohol Drugs Both			
Cause for Suspicion				
Appearance				
Normal Flushed Puncture Mark				
Dilated/Constricted Pupils Profuse Sweat				
Inappropriate Wearing of Sunglasses Odor of:	Other:			
Behavior: Speech Normal Incoherent Slurred	Silent Confused Slow			
Loud Whispering/Soft Inappropriate	Comments Other:			
Behavior: Awareness	Lethargic Disoriented			
Other:				
Behavior: Other Mood Swings Poor Memory Secretive	Aggressive/Violent Paranoid/Distrustful			
Disruptive Unsafe Acts Excessive Fatig	ue Poor Comprehension Poor Performance			
Presence of Drug Paraphernalia Other:				
Motor Skills: Balance and Walking Normal Swaying Head Bobbing Falling Stagger/Stumbling Arms Raised for Balance Reaching for Support				
Motor Skills: Other				
Dropping Objects Lack of Coordination Slowed Reaction Time Over Reaction				
Other:				
Other Observable Actions of Behavior (Specify):				
Check if the following conditions are met: Observations are specific, current, and describable and based on the appearance , behavior, speech, or body odors of the individual.				
Testing observations are made during, just preceding, or just after the individual is required to be in compliance with DOT regulations or Salt Lake County policies.				
If unable to conduct an alcohol test within 2 hours of reasonable suspicion determination, state reasons:				
If unable to conduct an alcohol test within 8 hours of determination to test, cease attempts to test and state reasons:				
Supervisor's Name Signature	Date			



Comments and/or corroboration by Administrator or designee:

inistrator or Designee	Signature	Date
Steps to Performing a Reason	able Suspicion Test:	
Identify problem and observed	rve.	
Document your findings as	s soon a possible.	
Confirm your findings with	n Administrator or designee.	
Administrator/designee an	nd supervisor discuss findings with employee.	
(From this point on the o	employee is not to be left unattended.) n private.	
Tell employee what w	vas observed and observed to be abnormal.	
As employee, why he/	/she appears abnormal.	
Act on medical conce	erns immediately.	
	supervisors are required to act when there is reas s drug and/or alcohol prohibitions have been viola	
Inform employee that	t County policy requires testing.	
Inform employee of th	he consequences of a non-negative or refusal to te	est.
Maintain confidentiali	ity.	
Testing (drug and/or alcol	hol)	
Arrange escort/transp	port of employee to collection site.	
Arrange escort/transp	port of employee to home.	
Employee remains off	duty until test results back.	
	from work area as soon as is necessary to main	tain safety of employee and
others. Final Supervisor Comments:		

Contact any of the following locations to arrange for testing: Divisions will be billed for the cost of testing.

Clinic Name	Address	Phone
Concentra Redwood 17th South (DOT eCCF)	1735 S Redwood Rd Ste 115 SALT LAKE CITY, UT 84104	(801) 973-4434
Concentra Salt Lake City (DOT eCCF)	2390 S Redwood Rd SALT LAKE CITY, UT 84119	(801) 975-1600
Workmed SLC - Intermountain (DOT eCCF) (Quest Preferred)	685 West 2200 South SALT LAKE CITY, UT 84119 4088	(801) 972-8850
Rocky Mountain Care (DOT eCCF) (Quest Preferred) Concentra	West 1820 South SALT LAKE CITY, UT 84104 385 W	(801) 975-7799
Sandy (DOT eCCF)	9000 S SANDY, UT 84070	(801) 562-5200
Concentra Draper (DOT eCCF)	12422 S 450 E DRAPER, UT 84020	(801) 748-1600
Intermountain WorkMed-Murray (DOT eCCF) (Quest Preferred)	201 East 5900 South ,Suite 100 MURRAY, UT 84107	(801) 288-4900