

# **OBSERVED BEHAVIOR – REASONABLE CAUSE RECORD**

Employee Name: \_\_\_\_\_ ID # \_\_\_\_\_

Observation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: (from \_\_\_\_\_ am/pm: to \_\_\_\_\_ am/pm)

Location: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## **CAUSE FOR SUSPICION**

1. Presence of drugs and /or Drug Paraphernalia (specify): \_\_\_\_\_

2. Appearance:  Normal  Flushed  Disheveled  Puncture Marks  
 Bloodshot eyes  Inappropriate wearing of sunglasses

Dilated **OR**  Constricted Pupils  Profuse Sweating

Dry Mouth Symptoms  Runny Nose/Sores  Tremors

Other: \_\_\_\_\_

3. Behavior:  Normal  Incoherent  Slurred  Silent

Confused  Slowed  Whispering

Other: \_\_\_\_\_

4. Awareness:  Normal  Confused  Mood Swings  Euphoria

Lethargic  Lack of Coordination  Paranoid  Disoriented

Other: \_\_\_\_\_

5. Motor Skills  Normal  Swaying  Falling  Staggering

& Balance:  Other: \_\_\_\_\_

6. Walking  Normal  Swaying  Arms Raised for Balance

*and* Turning:  Stumbling  Falling  Reaching for Support

Other: \_\_\_\_\_

7. Other Observed Actions or Behavior (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Witnessed by:**

\_\_\_\_\_  
(signature) (Title) \_\_\_\_/\_\_\_\_/\_\_\_\_ am/pm  
(Date) (Time)

\_\_\_\_\_  
(signature) (Title) \_\_\_\_/\_\_\_\_/\_\_\_\_ am/pm  
(Date) (Time)