

## Reasonable Suspicion Determination Report

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employee ID/Last 4 digits of SSN: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date/Time of Observation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_AM/PM  
 Date/Time of Determination to Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_AM/PM

### Observed Indicators of Prohibited Drug Use/Alcohol Misuse

*Reasonable Suspicion determinations must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odor of the safety-sensitive employee. Check all indicators observed:*

#### Physical Indicators

- Bloodshot or watery eyes
- Flushed or very pale complexion
- Extensive sweating/skin clamminess
- Dilated or constricted pupils
- Disheveled clothing/unkept grooming
- Unfocused, blank stare
- Runny or bleeding nose
- Jerky eye movement
- Body odor

#### Behavioral Indicators

- Fidgety/agitated
- Irregular breathing
- Nausea/vomiting
- Slow reactions
- Unstable walking
- Poor coordination
- Hand tremors
- Suspicious, paranoid
- Depressed, withdrawn
- Lackadaisical attitude
- Irritable, moody
- Extreme fatigue

#### Speech Indicators

- Slurred or slowed speech
- Loud, boisterous
- Incoherent, nonsensical
- Repetitious, rambling
- Rapid, pressured
- Excessive talkativeness
- Exaggerated enunciation
- Cursing, inappropriate speech
- Inability to concentrate
- Impulsive, unusual risk-taking
- Delayed decision-making
- Reduced alertness

**Written Summary** *(Summarize the facts and circumstances surrounding the incident. Attach additional sheets as needed):*

\_\_\_\_\_  
 \_\_\_\_\_  
 The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:

**Observing Supervisor:** \_\_\_\_\_  
(Name/Phone Number) (Signature) (Date)

**Additional Witness:** \_\_\_\_\_  
(Name/Phone Number) (Signature) (Date)

**For Employee Transportation Call Dispatch: 313-933-3437**

#### Refusal Notifications

*Informed Employee of Consequences of Refusal to Test – Suspension pending dismissal.*  
 If they still refuse to test, immediately contact DER  
 Alicia Miller at 313-244-2327

**NOTE: Maintain a copy for your files and email a copy to the DER at [Alimil@detroitmi.gov](mailto:Alimil@detroitmi.gov)**