



MIAMI-DADE COUNTY HUMAN RESOURCES DEPARTMENT
REASONABLE SUSPICION OBSERVATION FORM

Employee's Name: Employee ID #: Department Name: Date Observed: Time Observed: From To

Document the employee's behavior for reasonable suspicion for use of alcohol and/or controlled substances by checking the appropriate items. Any employee for whom there is reasonable suspicion for use of alcohol and/or controlled substances shall be taken immediately for a reasonable suspicion drug/alcohol screen in accordance with County procedures.

Appearance:

- Inappropriate Dress, Blank Staring, Other, Runny/Irritated Nose, Difficulty Focusing, Facial Expression- Eyes very bloodshot, Dilated/Constricted Pupils

Body Coordination:

- Impaired Coordination, Other, Stumbling, Tremors/Hand Shakes

General Attitude:

- Uncooperative, Hostile, Fearful, Suspicious, Withdrawn, Highly Excited, Agitated, Other

Mood:

- Depressed, Panicky, Elated, Anxious/Nervous, Angry, Irritable, Confused, Other

Speech:

- Incoherent, Repetitive, Stuttering, Thick/Slurred Speech, Slow, Fast, Other

General Behavior:

- Threatening or Violent, Short Attention Span, Other, Slowed or Jerky Reactions or Movements, Odor of Alcohol on Breath, Drowsy, Inappropriate Laughter

Comments:

Supervisor Observing the Problem(s) Above:

Signature Title Date

Department Approval (Signature of Authorized Division Director or above):

Signature Title Date