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COMMERCIAL DRIVER (CDL) REASONABLE SUSPICION WORKSHEET

Supervisors can use this form to record observations of physical, behavioral, and work performance indicators of a possible drug or alcohol abuse problem. If possible, another supervisor should confirm the reasonable suspicion.

Name of Employee Observed: _____
Date & Time of Observation: _____
Location of Observation: _____

PHYSICAL INDICATORS (Check all that apply)

<input type="checkbox"/> Dilated Pupils	<input type="checkbox"/> Burns on hands	<input type="checkbox"/> Bloodshot eyes
<input type="checkbox"/> Tremors	<input type="checkbox"/> Needle marks on arms	<input type="checkbox"/> Breath odor
<input type="checkbox"/> Bruises	<input type="checkbox"/> Constant runny nose	<input type="checkbox"/> Constant itching

Other (describe): _____

BEHAVIORAL INDICATORS (Check all that apply)

<input type="checkbox"/> Emotionally unstable	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Irritability	<input type="checkbox"/> Sleepy
<input type="checkbox"/> Unusually talkative	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Confused
<input type="checkbox"/> Slurred Speech	Other (describe): _____		

WORK PERFORMANCE INDICATORS (Check all that apply)

<input type="checkbox"/> Leaving without permission	<input type="checkbox"/> Excessive tardiness
<input type="checkbox"/> Consistent long lunch breaks	<input type="checkbox"/> Frequent trips to restroom
<input type="checkbox"/> Repeated mistakes	<input type="checkbox"/> Accident-prone
<input type="checkbox"/> Complaints from coworkers	

Other observed behavioral indicators: _____

SUPERVISOR INFORMATION

Name: _____ Title: _____

Signature: _____ Date: _____

CONFIRMING SUPERVISOR INFORMATION (if available)

Name: _____ Title: _____

Signature: _____ Date: _____