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)**

- _____ Dilated Pupils
- _____ Burns on hands
- _____ Bloodshot eyes
- _____ Tremors
- _____ Needle marks on arms
- _____ Breath odor
- _____ Bruises
- _____ Constant runny nose
- _____ Constant itching

Other (describe): __________________________________________

**BEHAVIORAL INDICATORS (Check all that apply)**

- _____ Emotionally unstable
- _____ Nervousness
- _____ Irritability
- _____ Sleepy
- _____ Unusually talkative
- _____ Paranoid
- _____ Withdrawn
- _____ Confused
- _____ Slurred Speech

Other observed behavioral indicators: ________________________________

**WORK PERFORMANCE INDICATORS (Check all that apply)**

- _____ Leaving without permission
- _____ Excessive tardiness
- _____ Consistent long lunch breaks
- _____ Frequent trips to restroom
- _____ Repeated mistakes
- _____ Accident-prone
- _____ Complaints from coworkers

Other observed behavioral indicators: ________________________________

**SUPERVISOR INFORMATION**

Name: ________________________________  Title: ________________________________
Signature: ________________________________  Date: ________________________________

**CONFIRMING SUPERVISOR INFORMATION (if available)**

Name: ________________________________  Title: ________________________________
Signature: ________________________________  Date: ________________________________