THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)

Employee Name: _____ **Date/Time of Incident:** _____

Full Name of First Supervisor : _____

Full Name of Second Supervisor: _____

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee is under the influence of a prohibited drug substance or alcohol. The supervisor(s) will note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of, a prohibited substance. Mark each applicable item on this form and any additional facts or circumstances, which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- ☐ Observed/reported possession or use of a prohibited substance
- ☐ Apparent drug or alcohol intoxication
- ☐ Observed abnormal or erratic behavior
- ☐ Arrest or conviction for drug-related offense
- ☐ Evidence of tampering on a previous drug test
- ☐ Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify)

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B. UNUSUAL BEHAVIOR

- ☐ Verbal abusiveness
- ☐ Physical abusiveness
- ☐ Extreme aggressiveness or agitation
- ☐ Withdrawal, depression, mood changes, or unresponsiveness
- ☐ Inappropriate verbal response to questioning or instructions
- ☐ Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (please specify) _____

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C. PHYSICAL SIGNS OR SYMPTOMS

- ☐ Possessing, dispensing, or using controlled substance
- ☐ Slurred or incoherent speech
- ☐ Unsteady gait or other loss of physical control; poor coordination
- ☐ Dilated or constricted pupils or unusual eye movement
- ☐ Bloodshot watery eyes
- ☐ Extreme fatigue or sleeping on the job
- ☐ Excessive sweating or clamminess to the skin
- ☐ Flushed or vert pale face
- ☐ Highly excited or nervous
- ☐ Nausea or vomiting
- ☐ Odor of alcohol
- ☐ Odor of marijuana
- ☐ Dry mouth (frequent swallowing/lip wetting)
- ☐ Dizziness or fainting
- ☐ Shaking hands or body tremors/twitching
- ☐ Irregular or difficult breathing
- ☐ Runny sores or sores on nostrils
- ☐ Inappropriate wearing of sunglasses
- ☐ Puncture marks or “tracks”
- ☐ Other (please specify) _____

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D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

_____ _____

Signature of First Supervisor **Date and Time**

_____ _____

Signature of Second Supervisor **Date and Time**