

DOT #
PHONE #

COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP

REASONABLE SUSPICION DETERMINATION

This document is solely for the use of supervisors or managers of CDL drivers who suspect a driver may be impaired. Your observation must be based on specific, contemporaneous, articulable, observations concerning: behavior, appearance, speech or body odor occurring in the same period of time. The observation must be made during, just before, or just after the driver drives. The driver must be sent for a drug test, alcohol test, and a brief health assessment must be conducted. A company official must escort (drive) the driver to the testing facility as soon as the determination is made. This document must be completed before the supervisor who made the determination is notified of the results.

Driver's Name	Date	Time
Person who made observation	Title	

Appearance (check items that apply)

- Flushed complexion
- Disheveled clothing
- Blood shot eyes
- Drowsiness
- Eye-hand coordination problems
- Trembling extremities
- Perspiring
- Runny nose; reddened or sore nose
- Sinus/nasal problems; nosebleeds

Eye Movement (check items that apply)

- Spasmodic jerks
- Dilated pupils
- Glazed look
- Inability to focus
- Light sensitivity
- Reddened eyes

Behavior (check items that apply)

- Loss of inhibitions (cursing, sexual advances, risk taking)
- Paranoid
- Frequent use of mouthwash, mints, breath sprays, eye drops
- Complaints of changes in body temperatures
- Excessive sweating and shakiness
- Unexplained bursts of energy
- Hallucinations
- Staggered gait
- Impaired motor skills
- Lack of coordination
- Anxious behavior
- Aggressive behavior

Custom Solution by



**DOT
COMPLIANCE
HELP, INC.**

CMV Operator
Drug and Alcohol
Policy Statement

Updated December 12,
2009

Documents for Internal Use

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Odors (check items that apply)

- Odor of alcohol on breath
 Odor similar to burnt rope on clothing or breath

Speech (check items that apply)

- Loudness
 Incoherent
 Rapid
 Excessive talkativeness
 Slurred
 Inappropriate laughter
 Disconnected speech patterns
 Irrational speech
 Exaggerated pronunciation

Additional Comments:

Certification of Supervisor/Witness

Supervisor / Manager Signature	Date	Time
Witness Signature	Date	Time

