



Arkansas Department of Military
 Cabinet Secretary - Major General Jonathan M. Stubbs,
 The Adjutant General

Reasonable Suspicion Documentation

Note: Prepare this form every time a covered employee is suspected of drug and/or alcohol use by physical, behavioral, speech, or performance indicators that constitute a major change in the employee's behavior, and/or performance of his/her job-related duties, which is the basis for performing a "reasonable suspicion" drug and/or alcohol test. Submit this form to the DOTM-HR department immediately upon completion.

Employee's Name: _____ **Employee Personnel Number:** _____

Job Title: _____

Location of Incident: _____ **Date:** _____ **Time Observed:** _____

Observations (Please check all that apply, and include descriptions of any *changes* in behavior)

Appearance and/or Behavior/Demeanor:

- Normal Tremors/Twitches Nervous Mood Swings Sleepy/Sleeping/Fatigue
- Sores/Puncture Marks Verbally/Physically Abusive Disheveled Excessive Sweating
- Confusion/Inattentive Flushed or Pale Dilated Pupils Erratic Lethargic
- Heavy Eyelids Bloodshot Eyes Paranoid Highly Excited Cleanliness Combative
- Other (explain below)

Description/Notes:

Motor Skills:

- Normal Falling
- Unsteady Unbalanced
- Swaying Stumbling
- Lack of Coordination Fidgety
- Other (explain below)

Description/Notes:

Speech:

- Normal Loud
- Slurred Exaggerated
- Incoherent Talking Excessively
- Other (explain below)

Description/Notes:

Odor:

- Normal Smell of Marijuana
- Body Odor Excessive Cologne
- Smell of Alcohol Other (explain below)

Other Abnormal Behaviors Observed:

Physical Evidence:

- Pipe Beer can Flask Drug Residue
- Drug Paraphernalia Other (explain below)

Description/Notes:

To the best of my knowledge and belief, this report represents the physical, behavioral, speech, or performance indicators of the above-named employee, observed by me and upon which I base my decisions to require said employee to submit to a reasonable suspicion drug, alcohol, or combined test.

The above behavior witnessed by: _____

Signature of Supervisor / Manager: _____

Signature of HR Representative: _____

Employee Statement:

Test Conducted: Yes No