Confidential
Mott Community College
Report for Reasonable Suspicion Testing

Employee Name: _____________________________         Date: ______________    Time: _________

Department: _________________________________

Supervisor: __________________________________       Date: ______________    Time: __________

Signature of Supervisor (or acting supervisor): ______________________________________________

Witness: ____________________________________       Date: ______________    Time: __________

Signature of Witness: ___________________________________________________________________

Reasonable Suspicion Checklist
In the following section, please note all pertinent behavior and physical signs or symptoms, which
leads you to reasonably believe that the employee has recently used, or is under the influence of
alcohol and/or drugs.

Physical Signs and Symptoms                         Comments

___ Odor of Alcohol

___ Odor of Marijuana

___ Slurred Speech

___ Flushed, Swollen Face

___ Red or Runny Eyes or Nose

___ Pupils Dilated or Constricted

___ Unusual Eye Movement

___ Lack of Coordination

___ Tremors or Sweats

___ Weariness, Exhaustion, Sleepiness
**Written Summary**
Please summarize the specific facts and circumstances about the employee’s behavior and your observations, including examples (attach an additional sheet, if necessary).

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Supervisor (or acting Supervisor) initials: ___________   Witness initials: ___________