

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	_____

