

Sample Reasonable Suspicion Determination Report

Testing Information:

Collection Site Location: _____ Time Arrived: _____AM/PM

1. Was the **alcohol** test performed within **2** hours of the time of the observations that led to the reasonable suspicion determination?

_____ YES

_____ **NO, Explain:** _____

2. Was the **alcohol** test performed within **8** hours of the time of the observations that led to the reasonable suspicion determination?

_____ YES

_____ **NO, Explain:** _____

If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.

The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:

Supervisor Name: _____

Phone No: _____

Signature: _____

Date: _____