This form should be used to determine and communicate reasonable suspicion PRIOR to testing an employee. If reasonable suspicion is found, this document may also be used to notify employees that 1) reasonable suspicion has been established according to University of Toledo Policy 3364-25-105: Drug and alcohol abuse, and 2) that they are being ordered to submit to a random drug and/or alcohol test in accordance with University procedure 3364-25-105.1.

Unionized employees have the right to union representation during the interview.

Date: _______________________________  Time: _______________ AM / PM

Employee being observed (please print): ___________________________________________________

Check One:

Title: _____________________________________  _____ Probationary  _____ Non-Probationary

Please note all observed on-duty behavior and physical signs or symptoms, which leads UT to reasonably believe that the employee above has recently used, or is under the influence of alcohol and/or drugs (check all that are applicable):

Location of Observation: _______________________________________________________________

PHYSICAL INDICATORS

APPEARANCE

- Messy
- Dirty | Stained Clothing
- Burns on Person | Clothing
- Ripped | Torn Clothing
- Odor on Person | Clothing
- Partially Dressed
- Appears Normal

EYES

- Watery
- Bloodshot
- Glassy
- Droopy Eye Lids
- Closed
- Appears Normal

FACE

- Red
- Runny Nose
- Dry Mouth
- Pale
- Slobbering
- Grinding Teeth
- Sweaty
- Cuts | Abrasions
- Appears Normal

BREATHE | ODOR

- Alcoholic Beverage
- Strong
- Chemical
- Mild
- Faint
- Nothing Noticeable

Notes:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SPEECH INDICATORS

- Shouting
- Slow
- Incoherent
- Silent
- Rambling
- Rapid
- Whispering
- Thick | Slurred
- Repetitive
- Profane

- Appears Normal

Notes:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**BEHAVIORAL INDICATORS**

<table>
<thead>
<tr>
<th>Demeanor</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative</td>
<td>Fighting</td>
</tr>
<tr>
<td>Polite</td>
<td>Profane</td>
</tr>
<tr>
<td>Calm</td>
<td>Erratic</td>
</tr>
<tr>
<td>Drowsy</td>
<td>Hostile</td>
</tr>
<tr>
<td>Crying</td>
<td>Threatening</td>
</tr>
<tr>
<td>Silent</td>
<td>Sarcasm</td>
</tr>
<tr>
<td>Talkative</td>
<td>Hyperactive</td>
</tr>
<tr>
<td>Excited</td>
<td>Non-Communicative</td>
</tr>
<tr>
<td>Fighting</td>
<td>Appears Normal</td>
</tr>
<tr>
<td>Anxious</td>
<td>Non-Communicative</td>
</tr>
<tr>
<td>Mood Swings</td>
<td>Disoriented</td>
</tr>
<tr>
<td>Appears Normal</td>
<td>Inattentive</td>
</tr>
</tbody>
</table>

Notes:
________________________________________________________________________________________  
________________________________________________________________________________________

**PERFORMANCE INDICATORS**

<table>
<thead>
<tr>
<th>Standing</th>
<th>Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaying</td>
<td>Stumbling</td>
</tr>
<tr>
<td>Falling</td>
<td>Staggering</td>
</tr>
<tr>
<td>Locked Knees</td>
<td>Swaying</td>
</tr>
<tr>
<td>Rigid</td>
<td>Unsteady</td>
</tr>
<tr>
<td>Rapid</td>
<td>Holding On</td>
</tr>
<tr>
<td>Feed Wide Apart</td>
<td>Rigid</td>
</tr>
<tr>
<td>Unbalanced</td>
<td>Stiff Legged</td>
</tr>
<tr>
<td>Sagging at Knees</td>
<td>Appears Normal</td>
</tr>
</tbody>
</table>

Notes:
________________________________________________________________________________________  
________________________________________________________________________________________

Names of Informants and/or sources of information, if any: ______________________________________________
________________________________________________________________________________________

Please summarize the specific facts and circumstances about the employee’s behavior and your observations, including examples (attach additional sheets, if necessary):
________________________________________________________________________________________
________________________________________________________________________________________

OBSERVERS: Must be by at least two supervisors or higher ranking officials.

☐ Observed by University Supervisor

Name: ______________________________________________ Title: ___________________________

☐ Observed by a Higher Ranking Employee or second University Supervisor

Name: ______________________________________________ Title: ___________________________

Name: ______________________________________________ Title: ___________________________

Name: ______________________________________________ Title: ___________________________
The University of Toledo Official Giving the Direct Order for Employee to be Tested:

Name: _______________________________________________ Title: _______________________________________________

Signature: ____________________________________________ Date: _______________________________

The employee is being ordered to submit to the following:

☐ BREATHALYZER designed to detect the presence of alcohol and/or a

☐ TOXICOLOGY TEST/URINE TEST designed to detect the presence of chemical adulteration, marijuana metabolites, cocaine metabolites, opiates, amphetamines and phencyclidine

Refusal to submit to urine or breath testing after being properly ordered to do so may result in disciplinary action up to and including termination of your employment.

For Toxicology Tests/Urine Tests only, you will be deemed to be on leave with pay for the balance of the work day and until further notice.

The signatures below indicates your acknowledgement of this information and is not necessarily indicating your agreement.

_____________________________________________________________ ____________________________
Signature of Employee Date

_____________________________________________________________ ____________________________
Signature of Union Representative Date