

DOT / FMCSA
University of Minnesota
INCIDENT REPORT

DOCUMENTATION OF REASONABLE SUSPICION OF DRUG AND/OR ALCOHOL USE

(For use under Federal Department of Transportation regulations only)

This Incident Report form is to be completed only by supervisors who have received specific training in recognizing signs and symptoms of drug and alcohol use, as required by Federal DOT regulations.

Supervisors are expected to document any additional relevant decision-making rationale, observed behaviors, and physical signs that may not be specifically included on this form.

This form is a guide for observing and documenting behaviors and for documenting the interview with the Driver who is suspected of having used drugs or alcohol.

Sections 1 and 2 provide documentation for the actual observed behaviors and physical signs and symptoms that are necessary for a driver to be tested for reasonable suspicion under DOT regulations.

Section 3 is a brief interview with the driver. It gives the driver an opportunity to indicate whether or not he/she is in need of medical attention. **It is not necessary to ask all of these questions.** This is a general list of questions, and is intended to remind you that this employee may be experiencing medical problems, or reactions to medications. In all cases, medical concerns take precedence over drug and alcohol testing. If in doubt, take the driver to a medical facility or doctor. (Testing might be conducted there, as part of a medical procedure.)

REASONABLE SUSPICION: DRUG

If a driver is suspected of drug use, this form must be completed and signed by a trained supervisor and submitted to your Designated Employer Representative (DER) within 24 hours or before the results of the test are received, whichever is earlier [49 CFR § 382.307(f)].

REASONABLE SUSPICION: ALCOHOL

If a Driver is suspected of alcohol use, this form must be completed and signed by a trained supervisor and submitted to your DER before the test is conducted [49 CFR § 382.307(f)].

If an alcohol test is not conducted within two (2) hours following the determination of reasonable suspicion, the reasons must be documented.

If an alcohol test is not conducted within eight (8) hours following the determination of reasonable suspicion, all attempts to administer the test must cease, and the reasons must be documented.

If the alcohol test is not conducted at all, the driver cannot perform safety-sensitive functions until 24 hours have passed. If the driver must be returned to safety-sensitive functions before 24 hours have passed, he/she may do so only after taking an alcohol test and receiving a test result below 0.02.

**SECTION 1
INITIAL OBSERVATION**

Name of Driver: _____

Describe how you first suspected that this Driver had violated DOT prohibitions. Note: The possession of alcohol alone does not constitute reasonable suspicion [49 CFR §382.307(a)].

Supervisor (please print): _____

Signature: _____

Title: _____

Date: _____ Time: _____

SECTION 2 PHYSICAL / BEHAVIORAL OBSERVATIONS

Name of Driver: _____

Based on your observation of the Driver, circle the pertinent items below.

1. WALKING/STANDING

Normal	Stumbling Staggering Falling	Swaying Unsteady Holding on	Unable to walk at all
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2. SPEECH

Normal	Shouting Silent Whispering	Slow Slobbering Rambling	Slurred Stammering Incoherent
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3. DEMEANOR

Normal	Sleepy Crying Silent	Overly worried Talkative Excited	Suspicious Argumentative Grandiose
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4. ACTIONS

Normal	Fighting Animated Resistant Threatening	Drowsy Hostile Withdrawn Used profanity	Hyperactive Erratic Asleep
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5. EYES

Normal	Bloodshot Watery Black/blue	Dilated pupils Glassy Droopy	Closed Pinpoint pupils
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6. FACE

Normal	Flushed Pale	Sweaty Bruised
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7. APPEARANCE / CLOTHING

Normal	Unruly Messy Dirty	Partially dressed Stains on clothing	Bodily excrement stains
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8. BREATH

No alcohol odor	Faint alcohol odor	Strong alcohol odor
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9. MOVEMENTS

Normal	Fumbling Jerky	Slow Nervous	Hyperactive Poor coordination
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10. EATING / CHEWING

Gum	Candy	Mints
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Other (identify, if possible): _____

11. Other observations and/or unusual behavior

12. Do you observe any changes in performance? Yes No

Describe: _____

Note: Performance indicators are not indicators that would lead to reasonable suspicion testing.

Supervisor's Name (please print): _____

Signature: _____

Title: _____

Date: _____ Time: _____

SECTION 3
MEDICAL INQUIRY AND CONCERNS

Name of Driver: _____

Directions: If it is possible that the driver may be having medical problems, you may want to ask some of the following questions. *If the Driver admits to using alcohol and/or drugs while answering these questions, document the admission. Because use is itself a violation, the Driver will **not** have to be tested. Remove the Driver from safety-sensitive functions and direct him/her to the University's Employee Assistance Program (EAP), which will arrange for the Driver to be evaluated by a qualified Substance Abuse Professional (SAP).*

1. ARE YOU FEELING ILL? Yes No No response

If yes, what are your symptoms? _____

2. ARE YOU UNDER A DOCTOR'S CARE? Yes No No response

If yes, do you want to see your doctor now? _____

What is your doctor's name and phone number? _____

If Driver does not know phone number, who knows it? _____

3. ARE YOU TAKING ANY MEDICATION? Yes No No response

If yes, do you know what it is? _____

If yes, when did you take your last dosage? _____

Do you have your prescription in your possession? Yes No No response

Do you have additional medication(s) in your possession? Yes No No response

4. DO YOU HAVE ANY SPECIAL MEDICAL PROBLEMS OR CONDITIONS? Yes No No response

Comments: _____

Are you taking insulin? Yes No No response

Do you know if you have low blood sugar? Yes No No response

5. DO YOU HAVE A COLD? Yes No No response

If yes, are you taking cold pills or antihistamines? Yes No No response

Comments: _____

6. ARE YOU USING ANY OTHER DRUG? Yes No No response

If yes, what? _____

7. DID YOU DRINK ANY ALCOHOL TODAY? Yes No No response

If yes, what did you have, when, and how much? _____

Additional comments or information: _____

Supervisor's Name (print)

Supervisor's Signature and Date