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**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Stumbling</th>
<th>Swaying</th>
<th>Unable to walk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staggering</td>
<td>Unsteady</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Falling</td>
<td>Holding on</td>
<td></td>
</tr>
</tbody>
</table>

**2. SPEECH**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Shouting</th>
<th>Slow</th>
<th>Slurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Silent</td>
<td>Slobbering</td>
<td>Stammering</td>
</tr>
<tr>
<td></td>
<td>Whispering</td>
<td>Rambling</td>
<td>Incoherent</td>
</tr>
</tbody>
</table>

**3. DEMEANOR**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Sleepy</th>
<th>Overly worried</th>
<th>Suspicious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crying</td>
<td>Talkative</td>
<td>Argumentative</td>
</tr>
<tr>
<td></td>
<td>Silent</td>
<td>Excited</td>
<td>Grandiose</td>
</tr>
</tbody>
</table>

**4. ACTIONS**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Fighting</th>
<th>Drowsy</th>
<th>Hyperactive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Animated</td>
<td>Hostile</td>
<td>Erratic</td>
</tr>
<tr>
<td></td>
<td>Resistant</td>
<td>Withdrawn</td>
<td>Asleep</td>
</tr>
<tr>
<td></td>
<td>Threatening</td>
<td>Used profanity</td>
<td></td>
</tr>
</tbody>
</table>

**5. EYES**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Bloodshot</th>
<th>Dilated pupils</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Watery</td>
<td>Glassy</td>
<td>Pinpoint pupils</td>
</tr>
<tr>
<td></td>
<td>Black/blue</td>
<td>Droopy</td>
<td></td>
</tr>
</tbody>
</table>

**6. FACE**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Flushed</th>
<th>Sweaty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pale</td>
<td>Bruised</td>
</tr>
</tbody>
</table>

**7. APPEARANCE / CLOTHING**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Unruly</th>
<th>Partially dressed</th>
<th>Bodily excrement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Messy</td>
<td>Stains on clothing</td>
<td>stains</td>
</tr>
<tr>
<td></td>
<td>Dirty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**8. BREATH**

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

<table>
<thead>
<tr>
<th>Normal</th>
<th>Fumbling</th>
<th>Slow</th>
<th>Hyperactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerky</td>
<td>Slow</td>
<td>Nervous</td>
<td>Poor coordination</td>
</tr>
</tbody>
</table>

10. EATING / CHEWING

- Gum
- Candy
- Mints

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 ________________________________

University of Minnesota University Health and Safety: Occupational Health Incident Report for Documenting Reasonable Suspicion of Drug and Alcohol Use (DOT) Revised 4/12/2018