



Before completing this form, please call your District Manager who will then TEAMS call a member of Employee Relations
All Reasonable Suspicion Drug Tests **MUST** be in partnership with Employee Relations and set up through Rally House'
drug and policy vendors

Team Member's Name: _____ Store #/Department: _____

Observation Date: ___/___/___ Time: ___ a.m. p.m. to ___:___ a.m. p.m.

CAUSE FOR SUSPICION:

1. PRESENCE OF DRUGS AND/OR DRUG PARAPHERNALIA (describe in detail) _____

2. APPEARANCE

<input type="checkbox"/> Normal	<input type="checkbox"/> Dry mouth symptoms
<input type="checkbox"/> Profuse sweating	<input type="checkbox"/> Puncture marks on extremities
<input type="checkbox"/> Enlarged or pinpoint pupils	<input type="checkbox"/> Reddened and runny nose
<input type="checkbox"/> Flushed	<input type="checkbox"/> Unkempt appearance
<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Tremors
<input type="checkbox"/> Unusual odors	

3. BEHAVIOR

Speech: Normal Incoherent Slurred Quiet Confused
 Slowed Abnormally Loud Other _____

Awareness: Normal Confused Euphoria Mood Swings
 Sluggish Paranoid Disoriented
 Lack of Coordination Inability to follow simple instructions

4. MOTOR SKILLS:

Balance: Normal Swaying Falling Staggering
 Stumbling Other _____

Walking and Turning:
 Normal Stumbling Falling Reaching for Support
 Arms Raised for Balance Other _____

5. REPORT RECEIVED FROM ANOTHER INDIVIDUAL (describe below)

6. OTHER OBSERVED ACTIONS OR BEHAVIOR (be specific) _____

WITNESSED BY:

Signature: _____ Title: _____ Date: ___/___/___ Time: ___:___ AM/PM

Signature: _____ Title: _____ Date: ___/___/___ Time: ___:___ AM/PM