

SCHOOL DISTRICT OF PHILADELPHIA  
OFFICE OF EMPLOYEE HEALTH SERVICES

Telephone: (215) 400-4660

Fax (215) 400-4661

**Reasonable Suspicion Observation Report**

1. Name of Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

2. Date and Time of Witnessed Conduct/Circumstances: \_\_\_\_\_

3. Location of Witnessed Conduct/Circumstances: \_\_\_\_\_

*The above mentioned employee is being referred for a reasonable suspicion alcohol and/or substance abuse evaluation. The employee is hereby directed to report and submit to alcohol and/or substance abuse testing based on the following observations:*

4. Check all that Apply To Witnessed Conduct/Circumstances

BREATH: (Odor of Alcohol)

Strong  Moderate  Faint  None

EYES:

Bloodshot  Glassy  Watery  Pupils Dilated/Constricted  Normal

SPEECH:

Confused  Stuttered  Mumbled  Shouting  Slurred  Incoherent  Rambling

Normal  Other \_\_\_\_\_

BEHAVIOR:

Excited  Combative  Talkative  Nervous  Hostile  Sleepy  Threatening

Rude  Normal  Other \_\_\_\_\_

UNUSUAL ACTIONS:

Hiccuping  Belching  Vomiting  Fighting  Crying  Laughing  Sweating

Red Face/Nose  Using Profanity  Resisting Communications  Other \_\_\_\_\_

APPEARANCE:

Messy  Unruly  Face Flushed  Soiled Clothing  Other \_\_\_\_\_

BALANCE:

Falling  Wobbling  Swaying  Staggering  Stumbling  Needs Support

Unable to Walk  Unable to stand  Normal  Other \_\_\_\_\_

COMMENTS OR ADDITIONAL OBSERVATIONS \_\_\_\_\_

Prepared By \_\_\_\_\_  
Signature Title Date & Time

Witnessed By \_\_\_\_\_  
Signature Title Date & Time