Version Date: 07/06/2023



Alcohol and Drug Reasonable Suspicion Record

Employee Name:		Employee Identif	ication Number:		
Location:		From:	To:		
	tuse or impairment by	Observation Time	Observation Date		
Reasonable suspicion of current use or impairment by: Alcohol Drugs Both					
Appearance	Cause for Su	spicion			
Normal Flushed	Puncture Marks	Disheveled	Bloodshot Eyes Tremors		
Dilated/Constricted Pupils	Profuse Sweatin	g Dry-Mouth	Runny Nose/Sores/Frequent Sniffi		
☐ Inappropriate Wearing of Sungla	sses Odor of:		Other:		
Behavior: Speech					
Normal Incoheren	t Slurred	Silent	Confused Slow		
Loud Whisperin	g/Soft 🗌 Inappropriate C	Comments	Other:		
Behavior: Awareness Normal Confused	Euphoria	Lethargic	Disoriented		
Other:					
Behavior: Other Mood Swings Poor Mem	ory Secretive	Aggressive/Viol	ent Paranoid/Distrustful		
☐ Disruptive ☐ Unsafe Act	, <u> </u>				
	Other:	Tool comple			
Presence of Drug Paraphernalia Motor Skills: Balance and Walking					
Normal Swaying	Head Bobbing	Falling	Stagger/Stumbling		
Arms Raised for Balance	Reaching for Support	Wide -Based Gait	Other:		
Motor Skills: Other					
Dropping Objects Lack of	of Coordination Slower	d Reaction Time	Over Reaction		
Other:					
Other Observable Actions of Behavi	or (Specify):				
Check if the following conditions are Observations are specific, current, individual.		on the appearance , b	pehavior, speech, or body odors of the		
Testing observations are made du regulations or Salt Lake County po		after the individual is r	required to be in compliance with DOT		
If unable to conduct an alcohol test	within 2 hours of reasona	ble suspicion detern	nination, state reasons:		
If unable to conduct an alcohol test	within 8 hours of determin	nation to test, cease	attempts to test and state reasons:		
Supervisor's Name	Signature		Date		



ninistrator or Designee	Signature	Date
Steps to Performing a Reasonab	ole Suspicion Test:	
Identify problem and observe	e.	
Document your findings as s	soon a possible.	
Confirm your findings with A	Administrator or designee.	
Administrator/designee and	supervisor discuss findings with employee.	
(From this point on the en Meet the employee in p	nployee is not to be left unattended.) rivate.	
Tell employee what was	observed and observed to be abnormal.	
As employee, why he/sh	ne appears abnormal.	
Act on medical concern	s immediately.	
	upervisors are required to act when there is reading and/or alcohol prohibitions have been viol	
Inform employee that O	County policy requires testing.	
Inform employee of the	consequences of a non-negative or refusal to t	test.
Maintain confidentiality		
Testing (drug and/or alcoho	1)	
Arrange escort/transpor	rt of employee to collection site.	
Arrange escort/transpor	t of employee to home.	
Employee remains off de	uty until test results back.	
Remember to remove employee fro others.	om work area as soon as is necessary to main	ntain safety of employee and
Final Supervisor Comments:		

Clinic Name	Address	Phone	
Concentra Redwood 17th South (DOT eCCF)	1735 S Redwood Rd Ste 115 SALT LAKE CITY, UT 84104	(801) 973-4434	
Concentra Salt Lake City (DOT eCCF)	204 S Willey Way SALT LAKE CITY, UT 84104	(801) 975-1600	
Workmed SLC - Intermountain (DOT eCCF) (Quest Preferred)	685 West 2200 South SALT LAKE CITY, UT 84119	(801) 972-8850	
Rocky Mountain Care (DOT eCCF) (Quest Preferred)	4088 West 1820 South SALT LAKE CITY, UT 84104	(801) 975-7799	
Concentra Sandy (DOT eCCF)	385 W 9000 S SANDY, UT 84070	(801) 562-5200	
Concentra Draper (DOT eCCF)	12422 S 450 E DRAPER, UT 84020	(801) 748-1600	
Intermountain WorkMed-Murray (DOT eCCF) (Quest Preferred)	201 East 5900 South ,Suite 100 MURRAY, UT 84107	(801) 288-4900	