Drug and Alcohol Compliance Testing
Reasonable Suspicion Verification Form

Employee Name:____________________________________________
Employee ID Number:______________________________________
Department:________________________________________________
Date and Time Period of Observation or Incident: ______________________________
Location:___________________________________________________
Street City State Zip:_____________________________________________________
______________________________________________________________________

The above-named employee was observed by me to exhibit or I received credible information of the following:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Behavior: (Speech)
☐ Normal  ☐ Incoherent  ☐ Slurred  ☐ Confused  ☐ Slowed
☐ Other:

Awareness:
☐ Normal  ☐ Confused/Disoriented  ☐ Mood Swings
☐ Unusually Aggressive Behavior  ☐ Drowsiness or Sleepiness
☐ Other:____________________________________________________

Appearance and/or Odors:
☐ Normal  ☐ Disheveled/Unkempt  ☐ Dilated/Constricted Pupils
☐ Dry Mouth Symptoms  ☐ Puncture Marks  ☐ Alcohol on Breath
☐ Flushed  ☐ Bloodshot Eyes  ☐ Profuse Sweating  ☐ Tremors
☐ Runny Nose/Sores
☐ Other:____________________________________________________

Motor Skills:
☐ Lack of Coordination/Falling, Swaying, Staggering, Stumbling
☐ Unexplained Work-related Accident or Injury  ☐ Unsafe Actions
☐ Other:____________________________________________________

Were alcohol, drugs or drug paraphernalia observed or reported?  ☐ Yes  ☐ No

Other Observed or Reported Actions or Behavior, or Violations of University Alcohol or Drug Policies (Specify):______________________________________________
Print Name:__________________________________________

*Signature:_________________________________________

Date/Time:__________________________________________

Witness Date/Time:____________________________________

Contact the Division Legal Counsel or the Division Compliance Officer at 501-671-2213, or the UA System Office of General Counsel at 501-686-2520