



SAP REASONABLE SUSPICION REPORT FORM

Employee Name: _____ SSN (last four digits): _____

Department: _____ Supervisor's Name: _____

Location of Incident: _____ Description of Incident: _____

Date: _____ Time of Incident: _____

Observations:

Odor of Alcohol Yes No

Odor of Marijuana Yes No

Attempt to conceal an object Yes No

Behavior:

Nervous () Insulting () Sleepy () Exaggerated Politeness ()

Confused () Combative () Excited () Quarrelsome ()

Fatigued () Uncooperative () Poor Memory () Overly Talkative ()

Unusual Actions:

Sweating () Slow Reactions () Crying () Tremors ()

Fighting () Quick Moving ()

Speech:

Slurred () Slow () Confused () Thick ()

Rambling () Pressured ()

Balance:

Falling () Staggering () Unsure () Needs Support ()

Stumbling () Normal ()

Information provided by a reliable and credible source:

Work- Related Accident: _____

Supervisory action taken:

Manager or Supervisor's Signature: _____ Date/Time: _____

Manager or Supervisor's Signature: _____ Date/Time: _____

This form should be completed prior to subjecting an employee to reasonable suspicion testing.