## SUPERVISOR'S OBSERVATION FORM

Pasco's Reasonable Suspicion Drug Testing Program

 Section 1		
Franksia Nama		
nployee Job Title School/Worksite		ksite
		am / pm
		απ / βπ
Location		
Section 2 Observations: Check ALL that apply:		
BEHAVIOR	APPEARANCE	SPEECH
stumbled	☐flushed complexion	☐ slurred, thick
☐ drowsy, sleepy, lethargic	sweating	☐ incoherent
☐ agitated, anxious, restless	$\Box$ cold, clammy, sweats	☐ exaggerated enunciation
☐ hostile, withdrawn	□bloodshot eyes	□ loud, boisterous
☐ unresponsive, distracted	☐tearing, watery eyes	☐ rapid, pressured
□ clumsy, uncoordinated	□dilated (large) pupils	☐ excessively talkative
☐ tremors, shakes	□constricted (pinpoint) pupils	☐ nonsensical, silly
☐ flu-like illness complaints	$\square$ unfocused, blank stare	☐ cursing, inappropriate speech
☐ suspicious, paranoid	☐ disheveled clothing	
hyperactive, fidgety	□unkempt grooming	BODY ODOR
inappropriate, uninhibited behavio		□ alcohol
☐ frequent use of mints, mouthwash,	breath sprays, eye drops	□ marijuana
Other observations		
Section 3		
The observations documented above v	were made of the employee ident	ified in Section 1
The observations documented above	were made of the employee rache	med in section 1.
Supervisor's Name (printed or typed)	Signature	Date
Additional Witness:		
Witness Name (Printed or typed)	Signature	Date
Section 4		
Test Determination:		
☐ Reasonable Suspicion Alcohol Brea	ath Test 🔲 No Test	t Conducted
☐ Reasonable Suspicion Drug Urine	Test ☐ 8 hours	elapsed
☐ No Test Required		ection available
☐ Employee Refused Test	☐ Employ	ee transported for medical care
	☐ Other (e	explain)
Section 5		
Employee transported to collection site	e by	
Time transported	_ am / pm Collection Site _	
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