

**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