THE UNIVERSITY OF MISSISSIPPI
REASONABLE SUSPICION RECORD

EMPLOYEE NAME: _________________________

DATE OBSERVED: _______________ TIME OBSERVED: _______________

Location where observed (e.g. building and room): ______________________________

Reasonable suspicion determined for:  □ Alcohol  □ Controlled Substances

Mark items that apply and describe specifics

1. Appearance:  normal ____ sleepy ____ tremors ____ clothing ____ cleanliness ____
   Description:  ___________________________________________________________________________
                  ___________________________________________________________________________

2. Behavior:  normal ____ erratic ____ irritable ____ inappropriate gaiety ____ mood swings ____ lethargic ____
   Description:  ___________________________________________________________________________
                  ___________________________________________________________________________

3. Speech:  ___________________________________________________________________________

4. Body Odors:  _________________________________________________________________________

5. Indications of the chronic and withdrawal effects of controlled substances:  □ Yes □ No
   Explain:  ___________________________________________________________________________
                  ___________________________________________________________________________

6. Other Observations for reasonable suspicion:  ___________________________________________________________________________

   ___________________________________________________________________________

WITNESSED BY:

_______________________    _____________________        ___________        ________a.m./p.m.
Signature       Title       Date prepared       Time

_______________________    _____________________        ___________        ________a.m./p.m.
Department Head or Designated Representative
Title       Date prepared       Time

Time is of the essence. Forward completed form immediately to Human Resources. Must have HR approval before any testing based upon reasonable suspicion is conducted. The alcohol test should generally be administered within two, no later than eight, hours following a reasonable suspicion determination. The controlled substances testing should be conducted within 32 hours following a reasonable suspicion determination. If testing is authorized, supervisors are responsible for arranging to have the employee escorted to the testing location.