



DOT / FMCSA
University of Minnesota
INCIDENT REPORT

DOCUMENTATION OF REASONABLE SUSPICION OF DRUG AND/OR ALCOHOL USE
(For use under Federal Department of Transportation regulations only)

This Incident Report form is to be completed only by supervisors who have received specific training in recognizing signs and symptoms of drug and alcohol use, as required by Federal DOT regulations.

Supervisors are expected to document any additional relevant decision-making rationale, observed behaviors, and physical signs that may not be specifically included on this form.

This form is a guide for observing and documenting behaviors and for documenting the interview with the Driver who is suspected of having used drugs or alcohol.

Sections 1 and 2 provide documentation for the actual observed behaviors and physical signs and symptoms that are necessary for a driver to be tested for reasonable suspicion under DOT regulations.

Section 3 is a brief interview with the driver. It gives the driver an opportunity to indicate whether or not he/she is in need of medical attention. **It is not necessary to ask all of these questions.** This is a general list of questions, and is intended to remind you that this employee may be experiencing medical problems, or reactions to medications. In all cases, medical concerns take precedence over drug and alcohol testing. If in doubt, take the driver to a medical facility or doctor. (Testing might be conducted there, as part of a medical procedure.)

REASONABLE SUSPICION: DRUG If a driver is suspected of drug use, this form must be completed and signed by a trained supervisor and submitted to your Designated Employer Representative (DER) within 24 hours or before the results of the test are received, whichever is earlier [49 CFR § 382.307(f)].

REASONABLE SUSPICION: ALCOHOL If a Driver is suspected of alcohol use, this form must be completed and signed by a trained supervisor and submitted to your DER before the test is conducted [49 CFR § 382.307(f)].

If an alcohol test is not conducted within two (2) hours following the determination of reasonable suspicion, the reasons must be documented.

If an alcohol test is not conducted within eight (8) hours following the determination of reasonable suspicion, all attempts to administer the test must cease, and the reasons must be documented.

If the alcohol test is not conducted at all, the driver cannot perform safety-sensitive functions until 24 hours have passed. If the driver must be returned to safety-sensitive functions before 24 hours have passed, he/she may do so only after taking an alcohol test and receiving a test result below 0.02.



SECTION 1 INITIAL OBSERVATION

Name of Driver:

Describe how you first suspected that this Driver had violated DOT prohibitions. Note: The possession of alcohol alone does not constitute reasonable suspicion [49 CFR §382.307(a)].

Supervisor (please print): _____

Signature: _____

Title: _____

Date: _____ Time: _____



SECTION 2 PHYSICAL / BEHAVIORAL OBSERVATIONS

Name of Driver: _____

Based on your observation of the Driver, circle the pertinent items below.

1. WALKING/STANDING			
Normal	Stumbling	Staggering	Falling
Swaying	Unsteady	Holding on	Unable to walk at all
2. SPEECH			
Normal	Shouting	Silent	Whispering
Slow	Slobbering	Rambling	Slurred
Stammering	Incoherent		
3. Demeanor			
Normal	Sleepy	Crying	Silent
Overly worried	Talkative	Excited	Suspicious
Argumentative	Grandiose		
4. ACTIONS			
Normal	Fighting	Animated	Resistant
Threatening	Drowsy	Hostile	Withdrawn
Used profanity	Hyperactive	Erratic	Asleep
5. EYES			
Normal	Bloodshot	Watery	Black/blue
Dilated pupils	Glassy	Droopy	Closed
Pinpoint pupils			
6. FACE			
Normal	Flushed	Pale	Sweaty
Bruised			
7. APPEARANCE/CLOTHING			
Normal	Unruly	Messy	Dirty
Partially dressed	Stains on clothing	Bodily excrement stains	
8. BREATH			
No alcohol odor	Faint alcohol odor	Strong alcohol odor	
9. MOVEMENTS			
Normal	Fumbling	Jerky	Slow
Nervous	Hyperactive	Poor coordination	
10. EATING/CHEWING			
Gum	Candy	Mints	
Other (identify, if possible): _____			
11. Other observations and/or unusual behavior:			



12. Do you observe any changes in performance?	
Yes	No
Describe: _____	

*Note: Performance indicators are not indicators that would lead to reasonable suspicion testing.	

Supervisor (please print): _____

Signature: _____

Title: _____

Date: _____ Time: _____



SECTION 3 MEDICAL INQUIRY AND CONCERNS

Name of Driver: _____

Directions: If it is possible that the driver may be having medical problems, you may want to ask some of the following questions. *If the Driver admits to using alcohol and/or drugs while answering these questions, document the admission. Because use is itself a violation, the Driver will **not** have to be tested. Remove the Driver from safety-sensitive functions and direct him/her to the University's Employee Assistance Program (EAP), which will arrange for the Driver to be evaluated by a qualified Substance Abuse Professional (SAP).*

1. ARE YOU FEELING ILL?	Yes	No	No response
If Yes, what are your symptoms? _____			
2. ARE YOU UNDER A DOCTOR'S CARE?	Yes	No	No response
If yes, do you want to see your doctor now? _____			
What is your doctor's name and phone number? _____			
If Driver does not know phone number, who knows it? _____			
3. ARE YOU TAKING ANY MEDICATION?	Yes	No	No response
If yes, do you know what it is? _____			
If yes, when did you take your last dosage? _____			
Do you have your prescription in your possession?	Yes	No	No response
Do you have any additional medication(s) in your possession?	Yes	No	No response
4. DO YOU HAVE ANY SPECIAL MEDICAL PROBLEMS OR CONDITIONS? Yes	No	No	No response
Comments: _____			
Are you taking insulin?	Yes	No	No response
Do you know if you have low blood sugar?	Yes	No	No response
5. DO YOU HAVE A COLD	Yes	No	No response
If yes, are you taking cold pills or antihistamines?	Yes	No	No response
Comments: _____			
6. ARE YOU USING ANY OTHER DRUG?	Yes	No	No response
If yes, what? _____			
7. DID YOU DRINK ANY ALCOHOL TODAY?	Yes	No	No response
If yes, what did you have, when, and how much? _____			

Additional comments or information:

Supervisor's Name (print)

Supervisor's Signature and Date