

BINGHAMTON UNIVERSITY
PO Box 6000
Binghamton, NY 13902-6000

REASONABLE SUSPICION FORM

INSTRUCTIONS: Use this form to record observations of employee behavior or performance that you believe may be the result of prohibited drug and/or alcohol use. Check all that apply. Write any additional information in the spaces provided. After completing the form, obtain confirmation of reasonable suspicion from another trained supervisor. If the confirming supervisor is present at the work site or can arrive w

PERFORMANCE INDICATORS

STANDING

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Locked Knees |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Feet Wide Apart |
| <input type="checkbox"/> Unbalanced | <input type="checkbox"/> Sagging at Knees |
| | <input type="checkbox"/> Appears Normal |

WALKING

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Stumbling | <input type="checkbox"/> Staggering | <input type="checkbox"/> Falling |
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Holding On | <input type="checkbox"/> Rigid | <input type="checkbox"/> Stiff Legged |
| | <input type="checkbox"/> Appears Normal | |

Notes: _____

SKILLS

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Performed a thorough pre-op inspection and preventive maintenance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Started and idled the vehicle properly. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Put vehicle in motion safely and smoothly. |
| <input type="checkbox"/> Yes | | | |