THE UNIVERSITY OF MISSISSIPPI
REASONABLE SUSPICION RECORD

HR Office Use Only
Employee Number _____
Testing authorized for alcohol/drugs_____
Testing not authorized _____

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.