BUFFALO
SEWER AUTHORITY

CONFIDENTIAL

Observed Behavior

Reasonable Cause Record

Employee Name _____

Job Title _____

Observation Date: _____ Time: from _____ am/pm to _____ am/pm

Location _____

CAUSE FOR SUSPICION

1. Presence of Alcohol / Drugs and/or Drug Paraphernalia (specify):

_____

2. Appearance

☐ Normal ☐ Flushed ☐ Puncture Marks
☐ Disheveled ☐ Bloodshot Eyes ☐ Runny Nose/Sores
☐ Tremors ☐ Profuse Sweating ☐ Dilated / Constricted Pupils
☐ Dry-mouth Symptoms ☐ Inappropriate wearing of sunglasses
☐ Other: _____

3. Behavior

Speech

☐ Normal ☐ Incoherent ☐ Slurred ☐ Silent ☐ Rambling
☐ Confused ☐ Slowed ☐ Whispering ☐ Shouting
☐ Other: _____

Awareness

☐ Normal ☐ Confused ☐ Mood Swings ☐ Euphoria
☐ Lethargic ☐ Disoriented ☐ Paranoid ☐ Lack of Coordination
☐ Other: _____

4. Motor Skills

Balance

☐ Normal ☐ Swaying ☐ Arms Raised for Balance
☐ Other: _____

Walking / Turning

☐ Normal ☐ Swaying ☐ Arms Raised for Balance
☐ Stumbling ☐ Falling ☐ Reaching for Support
☐ Other: _____

5. Odor ☐ Odor of Marijuana ☐ Odor of Alcohol ☐ Body Odor ☐ Other: _____

6. Other Observed Actions or Behavior (specify):

_____

_____

_____

Observers/Witnesses: A minimum of two witnesses is recommended whenever possible. Each Witness must complete a separate form.

Signature - Witness	Title	Date	Time
_____	_____	_____	_____ am/pm

Sent for Testing? ☐ Yes ☐ No If Yes, must be accompanied by Mgt. Name: _____

Driven Home? ☐ Yes ☐ No If Yes, must be accompanied by Mgt. Name: _____