

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

OBSERVED BEHAVIOR — REASONABLE CAUSE RECORD

**FORM 25
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Employee: Name: _____

Observation: Date: _____ Time: (from _____ a.m./p.m. to _____ a.m./p.m.)

Location: _____
(Street) (City) (State) (Zip)

CAUSE FOR SUSPICION

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

2. Appearance:

| | | |
|----------------------------|------------------|-------------------------------------|
| Normal | Flushed | Puncture Marks |
| Disheveled | Bloodshot Eyes | Inappropriate Wearing of Sunglasses |
| Dilated/Constricted Pupils | Profuse Sweating | Tremors |
| Dry-mouth Symptoms | Runny Nose/Sores | Body Odors |
| Other: _____ | | |

3. Behavior:

| | | | | |
|--------------|-----------|----------------------|-------------|-------------|
| Speech: | Normal | Incoherent | Slurred | Silent |
| | Confused | Slowed | Whispering | |
| Other: _____ | | | | |
| Awareness: | Normal | Confused | Mood Swings | Euphoria |
| | Lethargic | Lack of Coordination | Paranoid | Disoriented |
| Other: _____ | | | | |

4. Motor Skills:

| | | | | |
|----------------------|-----------|---------|-------------------------|------------|
| Balance: | Normal | Swaying | Falling | Staggering |
| Other: _____ | | | | |
| Walking and Turning: | Normal | Swaying | Arms Raised for Balance | |
| | Stumbling | Falling | Reaching for Support | |
| Other: _____ | | | | |

5. Other Observed Actions or Behavior (specify): _____

Witnessed by:

(Signature) (Title) (Date) (Time) _____ a.m./p.m.

Optional: (Signature) (Title) (Date) (Time) _____ a.m./p.m.

This document must be prepared and signed by the witness within 24 hours of the observed behavior or before the results of the test are released, whichever is earlier (49 CFR 382.307 (f))