



Substance Abuse Federal Motor Carrier Safety
 And Alcohol Misuse Administration (FMCSA)
 Compliance Report Reasonable Suspicion

For compliance with the Department of Transportation Title 49 Code of Federal Regulations Part 382

Form 1070

MO. DAY YEAR TIME (2400) CITY COUNTY STATE

DAY OF WEEK DISTRICT NAME OF PROGRAM ADMINISTRATOR NAME OF PERSON COMPLETING THIS REPORT
S M T W T F S

EMPLOYEE INFORMATION

NAME OF EMPLOYEE INVOLVED: _____ JOB FUNCTION: _____ NAME OF IMMEDIATE SUPERVISOR: _____

EMPLOYEE'S DRIVER LICENSE NUMBER: _____ STATE _____ CLASS _____ EMPLOYEE'S SOCIAL SECURITY NUMBER: _____ VEHICLE NUMBER: _____

WAS ABOVE EMPLOYEE INJURED? YES NO TYPE OF INJURY (INJURED ONLY) TRANSPORTED TAKEN TO: _____
 MAJOR MINOR NONE BY: _____

DESCRIBE INJURIES (IF ANY): _____

INTERVIEW INFORMATION

THE DETERMINATION THAT REASONABLE SUSPICION EXISTS MUST BE BASED ON THE SPECIFIC, CONTEMPORANEOUS, ARTICULABLE, BEHAVIOR, SPEECH OR BODY ODORS OF THE DRIVER. THE OBSERVATIONS MAY INCLUDE INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF CONTROLLED SUBSTANCES. THE REQUIRED OBSERVATIONS MUST BE MADE BY A SUPERVISOR OR COMPANY OFFICIAL WHO IS TRAINED IN ACCORDANCE WITH PART 382.603. DOCUMENTATION OF THE GROUNDS FOR REASONABLE SUSPICION TO REQUIRE A CONTROLLED SUBSTANCE TEST MUST BE MADE AND SIGNED BY THE SUPERVISOR/EMPLOYER WITHIN 24 HOURS OF THE OBSERVED BEHAVIOR OR BEFORE THE RESULTS OF TEST ARE RELEASED, WHICHEVER IS LATER.

INTERVIEW LOCATION: _____ ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST? YES NO WHY? _____

ARE YOU TAKING ANY MEDICATIONS OR DRUGS? YES NO IF YES, WHAT? _____ LAST DOSE MO. DAY TIME (2400)

ARE YOU DIABETIC OR EPILEPTIC? YES NO ARE YOU TAKING INSULIN? YES NO WHAT HAVE YOU EATEN TODAY? WHEN? WHAT HAVE YOU BEEN DRINKING? HOW MUCH? TIME OF LAST DRINK?

OBSERVED CONDITION

BREATH ODOR LIQUOR/ALCOHOL	COLOR OF FACE	ATTITUDE	PUPILS	WALKING
NONE	NORMAL	POLITE	NORMAL	FAIR
FAINT	RED	CAREFREE	DILATED	SURE
MODERATE	PALE	INSULTING	CONSTRICTED	SWAYING
STRONG	OTHER:	EXCITED	POOR REACTION TO LIGHT	UNCERTAIN
OTHER:	BALANCE	SLEEPY	SPEECH	FALLING
BODY ODOR		COMBATIVE		STUMBLING
NONE	SURE	HILARIOUS	FAIR	STAGGERING
ALCOHOL ODOR	SWAYING	COOPERATIVE	SLURRED	OTHER:
MARIJUANA ODOR	WOBBLING	ANTAGONISTIC	STUTTERING	Is the clearness and correctness of enunciation abnormal for individual? YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER:	FALLING	TALKATIVE	CONFUSED	
	OTHER:	OTHER:	INCOHERENT WORDS	

OTHER INFORMATION

THE ABOVE OBSERVATIONS WERE MADE BY: (PRINT NAME) _____ TRAINED IN ACCORDANCE WITH PART 382.603? YES NO DATE OF TRAINING? MO. DAY YEAR TRAINED BY? _____

THE ABOVE OBSERVATIONS WERE MADE: WHILE THE DRIVER WAS PERFORMING A SAFETY-SENSITIVE FUNCTION DURING THE PERIOD OF THE WORK DAY
 JUST BEFORE THE DRIVER PERFORMED A SAFETY-SENSITIVE FUNCTION JUST PRECEDING THE PERIOD OF THE WORK DAY
 JUST AFTER THE DRIVER CEASED PERFORMING A SAFETY-SENSITIVE FUNCTION JUST AFTER THE PERIOD OF THE WORK DAY

I, THE UNDERSIGNED, DETERMINE THAT THE INVOLVED EMPLOYEE, BASED ON SPECIFIC, CONTEMPORANEOUS, ARTICULABLE OBSERVATIONS CONCERNING THE APPEARANCE, BEHAVIOR, SPEECH OR BODY ODORS OF THE DRIVER AS INDICATED ABOVE, IS IN VIOLATION OF THE PROHIBITIONS OF PART 382, SUBPART B (EXCEPT FOR 382.204), CONCERNING THE FOLLOWING:
 ALCOHOL MISUSE CONTROLLED SUBSTANCE USE BOTH ALCOHOL MISUSE AND CONTROLLED SUBSTANCE USE

DOCUMENTATION OF THE GROUNDS FOR REASONABLE SUSPICION TO REQUIRE A CONTROLLED SUBSTANCE TEST MUST BE MADE AND SIGNED BY THE SUPERVISOR/EMPLOYER WITHIN 24 HOURS OF THE OBSERVED BEHAVIOR OR BEFORE THE RESULTS OF THE TEST ARE RELEASED.

SIGNATURE OF EMPLOYER/SUPERVISOR _____ TIME _____ AM PM DATE _____

REQUIRED TEST INFORMATION

A WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN TWO (2) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR ALCOHOL MISUSE? YES NO

B WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN EIGHT (8) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR ALCOHOL MISUSE? YES NO

C WAS THE ABOVE EMPLOYEE TESTED FOR CONTROLLED SUBSTANCES AS REQUIRED FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION FOR CONTROLLED SUBSTANCES? YES NO

IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN TWO (2) HOURS AFTER THE DETERMINATION WAS MADE.

IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN EIGHT (8) HOURS AFTER THE DETERMINATION WAS MADE.

IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST FOR CONTROLLED SUBSTANCES AFTER THE DETERMINATION WAS MADE.

A	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN TWO (2) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
B	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
C	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR CONTROLLED SUBSTANCES FOLLOWING THE DETERMINATION OF REASONABLE SUSPICION AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.307		
COLLECTION INFORMATION	FEDERAL REGULATION PROHIBITS THE PERSON WHO DETERMINES THAT REASONABLE SUSPICION EXISTS TO CONDUCT THE ALCOHOL TEST ON THE DRIVER.		
	COLLECTION SITE:	WAS THE EMPLOYEE ESCORTED TO THE TESTING SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED TO GO TO TESTING SITE	NAME OF ESCORT:
	DID DRIVER SUBMIT TO CONTROLLED SUBSTANCE TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED	NAME OF COLLECTOR?	DID DRIVER SUBMIT TO ALCOHOL TEST? <input type="checkbox"/> YES <input type="checkbox"/> REFUSED
OTHER INFORMATION CONCERNING COLLECTION:			
DISPOSITION OF DRIVER	NOTWITHSTANDING THE ABSENCE OF A REASONABLE SUSPICION ALCOHOL TEST, NO DRIVER SHALL REPORT FOR DUTY OR REMAIN ON DUTY REQUIRING THE PERFORMANCE OF SAFETY-SENSITIVE FUNCTIONS WHILE THE DRIVER IS UNDER THE INFLUENCE OF OR IMPAIRED BY ALCOHOL, AS SHOWN BY THE BEHAVIORAL, SPEECH, AND PERFORMANCE INDICATORS OF ALCOHOL MISUSE, NOR SHALL AN EMPLOYER OR SUPERVISOR PERMIT THE DRIVER TO PERFORM OR CONTINUE TO PERFORM SAFETY-SENSITIVE FUNCTIONS, UNTIL:		
	<p>(i) AN ALCOHOL TEST IS ADMINISTERED AND THE DRIVER'S ALCOHOL CONCENTRATION MEASURES LESS THAN 0.02; OR</p> <p>(ii) TWENTY FOUR HOURS (24 HRS) HAVE ELAPSED FOLLOWING THE DETERMINATION THAT THERE IS REASONABLE SUSPICION TO BELIEVE THAT THE DRIVER HAS VIOLATED THE PROHIBITIONS CONCERNING THE MISUSE OF ALCOHOL.</p>		
	EXCEPT AS SPECIFIED ABOVE, NO EMPLOYER OR SUPERVISOR SHALL TAKE ANY ACTION AGAINST A DRIVER BASED SOLELY ON THE DRIVER'S BEHAVIOR AND APPEARANCE, WITH RESPECT TO ALCOHOL USE, IN THE ABSENCE OF AN ALCOHOL TEST. THIS DOES NOT PROHIBIT AN EMPLOYER OR SUPERVISOR FROM TAKING ACTION OTHERWISE CONSISTENT WITH THE LAW.		
DISPOSITION OR ACTION TAKEN?			
ADDITIONAL INFORMATION	WHAT FIRST LED THE SUPERVISOR/EMPLOYER TO SUSPECT INFLUENCE, INTOXICATION, CONTROLLED SUBSTANCE USE, AND/OR ALCOHOL MISUSE OF THE ABOVE DRIVER?		
EMPLOYEE: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE'S SIGNATURE _____		DATE: _____	
PREPARER: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	PROGRAM ADMINISTRATOR: I, THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.		CDS USE ONLY
NAME OF PREPARER _____	NAME OF PROGRAM ADMINISTRATOR _____		
PREPARER'S SIGNATURE _____	PROGRAM ADMINISTRATOR'S SIGNATURE _____		
DATE: _____	DATE: _____		
		RECEIVE DRY:	
		DATE:	
		FILE	
		DATE:	

(10/1/10)

Forward completed form, marked **CONFIDENTIAL**
to Human Resources