Under the Influence Observed Behavior Probable Cause Record

Employee	Name_							
01	Depart	ment	Time (f		/	4 -	()	
Observation			Time (from		am/pm to		am/pm)	
Locati	ion Street		City		State		Zip	
							T	
Reasonable C Specific obse	c ause of cu ervations	rrent use or impa made:	airment by: A	Alcohol I	Drugs	Both		
1. Presence	of drugs	and/or drug pa	raphernalia	with residue	(specif	Sy)		
2. Out of C	ustomary	Normal		Flushed		Duncti	ire Marks	
Appearar	Į	rtormar	Tushed				ding body piercings)	
(Circle)		Disheveled		Bloodshot E	lves		of Alcohol or Drug	
()		Dilated/Co		Profuse Swe			rs Pupils	5
		Dry mouth		Runny Nose	•		Symptoms	
3. Behavio	r	2		2				
Spee	ch:	Normal	Incoherent	Slurrec	1	Silent		
•								
		Confused	Slowed WI	nispering	Rapid S	Speech		
		Other						
A				1		10.	E	
Awa	reness:	Normal	Confuse	ed	Moo	d Swings	Euphoria	
		Lethargic	Lack of		Para	noid	Disoriente	d
		Lethargie	Coordir		1 al a	lioiu	Disoriente	u
		Lack of co	ncentration		er			
4. Motor S	kills							
Bala	nce:	Normal	Swayin	g	Falli	ng	Staggering	
				-				
		Other						
		Walking	Normal S	Swaying	Arm	s Raised t	for Balance	
т ·		Stand 1	E-11:	р 1 [.]				
Turnii	ng:	Stumbling	Falling	Reachi	ng for Su	upport		
		Other						
		ouioi						
Witne	ssed by:							
							am/pi	m
(Signa	ature)		(Title)	(Date)		((Time)	
							am/p	m
(Signa	ature)		(Title)	(Date)		(am/p. (Time)	111
USIZIIC			(THU)	(Daic)		(