





**Testing Information:**

Collection Site Location: \_\_\_\_\_

Time Arrived: \_\_\_\_\_AM/PM

1. Was the **alcohol** test performed within **2** hours of the time of the observations that led to the reasonable suspicion determination?

\_\_\_\_\_ YES

\_\_\_\_\_ **NO, Explain:** \_\_\_\_\_

\_\_\_\_\_

2. Was the **alcohol** test performed within **8** hours of the time of the observations that led to the reasonable suspicion determination?

\_\_\_\_\_ YES

\_\_\_\_\_ **NO, Explain:** \_\_\_\_\_

\_\_\_\_\_

**If the alcohol test is not conducted within 8 hours cease all efforts to administer the test.**

*The above documentation of the observed physical, behavioral, and performance indicators of the named employee was provided by:*

Supervisor Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_