Appendix A
Reasonable Suspicion Testing Checklist

Physical Indicators:

	WALKING		FACE		SPEECH		BREATH/ODOR
	Holding on		Red/flushed		Whispering		No alcohol odor
	Stumbling		Pale		Slurred		Faint alcohol odor
	Unable to walk		Sweaty		Shouting		Strong alcohol odor
	Unsteady		Appears normal		Incoherent		Sweet/pungent tobacco odor
	Staggering		Slobbering		Silent		Chemical odor
	Swaying		Grinding teeth		Rambling		Marijuana odor
	Falling		Dry mouth		Slow		Breath spray/mouthwash
	Other		Runny nose		Other		____None ____Gum
			Other				____Mints ____Candy
							____Other_____
	STANDING		**EYES**		**MOVEMENTS**		**APPEARANCE**
	Swaying		Watery		Fumbling		Messy
	Feet wide apart		Bloodshot		Jerky		Dirty/stained clothing
	Rigid		Glassy		Nervous		Burns on person/clothing
	Staggering		Dilated		Slow		Ripped/torn clothing
	Sagging at knees		Closed		Hyperactive		Partially dressed
	Other		Droopy eye lids		Other		Puncture marks/needle tracks
			Appear normal				Appears normal

Behavioral Indicators:

	DEMEANOR						ACTIONS		
	Cooperative		Polite		Calm		Fighting		Profanity
	Talkative		Silent		Resisting communication		Erratic		Hostile
	Sarcastic		Belligerent		Tearful/crying		Threatening		Hyperactive
	Anxious		Excited		Mood changes		Non-communicative		Sleeping
	Disoriented		Inattentive		Appears normal		Argumentative		Other _____
	Sleepy		Drowsy		Other				

Comments and other observations:

Additional facts:

- ☐ Presence of alcohol and/or drugs in individual's possession or vicinity
- ☐ Misconduct by individual (specify)
- ☐ Individual admission concerning alcohol use and/or drug use or possession

List other witnesses to individual's conduct and summarize what they say they witnessed:

- ☐ Individual declined to comment OR Individual's explanation for behavior:

Is individual at least 18 years of age? Yes/No If no, name of parent/guardian contacted: _____

Completed by (signature)		Date:		Time:		a.m. p.m.
Printed Name:		Title:				