



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

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

1. Was the **alcohol** test performed within **2** hours of the reasonable suspicion determination?

\_\_\_\_\_ YES

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

2. Was the **alcohol** test performed within **8** hours of 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: \_\_\_\_\_