

# **OBSERVED BEHAVIOR CHECKLIST**

**Directions:** Supervisor or Manager, please document your observations of the employee's behavior and indications on this form. You must personally observe the probable indicators of substance and/or alcohol use and note your observations below.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Observer: \_\_\_\_\_

Location of Observation: \_\_\_\_\_

**Please check ALL observations that apply:**

1. Are alcohol, drugs and/or drug paraphernalia present?  Yes  No  
Specify, if Yes: \_\_\_\_\_
2. Did the employee admit to the use of drugs or alcohol?  Yes  No  
Specify, if Yes: \_\_\_\_\_

3. **Appearance:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Normal                 | <input type="checkbox"/> Drowsy/sleepy   | <input type="checkbox"/> Flushed                    |
| <input type="checkbox"/> Messy                  | <input type="checkbox"/> Bloodshot eyes  | <input type="checkbox"/> Dilated/Constricted Pupils |
| <input type="checkbox"/> Profuse sweating       | <input type="checkbox"/> Puncture Marks  | <input type="checkbox"/> Runny nose/sores           |
| <input type="checkbox"/> Tremors/shaking        | <input type="checkbox"/> Odor of alcohol | <input type="checkbox"/> Odor of marijuana          |
| <input type="checkbox"/> Other (specify): _____ |  |   |

4. **Behavior/Speech:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Normal                 | <input type="checkbox"/> Incoherent                    | <input type="checkbox"/> Changed volume in speech |
| <input type="checkbox"/> Confused               | <input type="checkbox"/> Slurred speech                | <input type="checkbox"/> Slowed speech            |
| <input type="checkbox"/> Unable to concentrate  | <input type="checkbox"/> Silent (uncharacteristically) | <input type="checkbox"/> Aggressive behaviors     |
| <input type="checkbox"/> Weepy                  | <input type="checkbox"/> Unreasonably defiant          |   |
| <input type="checkbox"/> Other (specify): _____ |  |   |

5. **Awareness:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Normal                       | <input type="checkbox"/> Confused             | <input type="checkbox"/> Excessively excited      |
| <input type="checkbox"/> Paranoid                     | <input type="checkbox"/> Lack of coordination | <input type="checkbox"/> Change in energy level   |
| <input type="checkbox"/> Disoriented                  | <input type="checkbox"/> Agitated / Nervous   | <input type="checkbox"/> Unexplained mood changes |
| <input type="checkbox"/> Unauthorized frequent breaks |   |   |
| <input type="checkbox"/> Other (specify): _____       |   |   |

6. **Motor Skills:**

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Normal                     | <input type="checkbox"/> Swaying   | <input type="checkbox"/> Falling              |
| <input type="checkbox"/> Staggering                 | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Reaching for support |
| <input type="checkbox"/> Unable to maintain balance |                                    |   |
| <input type="checkbox"/> Other (specify): _____     |                                    |   |

7. **Other Observed Actions or Behaviors (specify):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action(s) taken due to observation - check all that apply:**

- Relieved employee from duties and removed from worksite  
 Implemented safe transportation plan, if necessary (made sure employee got home safely)  
 Informed employee of process for returning to work  
 Referred employee to EAP  
 Sent employee to be drug tested per substance abuse testing policy procedures

Employee signature: \_\_\_\_\_  
(signature and title)

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

Supervisor making observation: \_\_\_\_\_  
(signature and title)

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

*This document must be prepared and signed within 24 hours of the observed behaviors, the original must be returned to Human Resources and a copy must be given to the employee.*

**For HR Use ONLY:**

This form received and reviewed by: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)