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:
   □ Normal  □ Drowsy/sleepy  □ Flushed
   □ Messy  □ Bloodshot eyes  □ Dilated/Constricted Pupils
   □ Profuse sweating  □ Puncture Marks  □ Runny nose/sores
   □ Tremors/shaking  □ Odor of alcohol  □ Odor of marijuana
   □ Messy  □ Bloodshot eyes  □ Dilated/Constricted Pupils
   □ Profuse sweating  □ Puncture Marks  □ Runny nose/sores
   □ Tremors/shaking  □ Odor of alcohol  □ Odor of marijuana
   □ Other (specify): _____________________________________________________________________________________________

4. Behavior/Speech:
   □ Normal  □ Incoherent  □ Changed volume in speech
   □ Confused  □ Slurred speech  □ Slowed speech
   □ Unable to concentrate  □ Silent (uncharacteristically)  □ Aggressive behaviors
   □ Weepy  □ Unreasonably defiant  □ Other (specify):

5. Awareness:
   □ Normal  □ Confused  □ Excessively excited
   □ Paranoid  □ Lack of coordination  □ Change in energy level
   □ Disoriented  □ Agitated / Nervous  □ Unexplained mood changes
   □ Unauthorized frequent breaks  □ Other (specify):

6. Motor Skills:
   □ Normal  □ Swaying  □ Falling
   □ Staggering  □ Stumbling  □ Reaching for support
   □ Unable to maintain balance  □ 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: __________________________________________ Date: __________
   (signature and title)

Supervisor making observation: __________________________________________ Date: __________
   (signature and title)

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: __________________________________________ Date: __________
   (Name)                (Date)