**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the employee admit to the use of drugs or alcohol? [ ]  Yes [ ]  No

Specify, if Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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

[ ]  Other (specify):

1. **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):

1. **Awareness**:

[ ]  Normal [ ]  Confused [ ]  Excessively excited

[ ]  Paranoid [ ]  Lack of coordination [ ]  Change in energy level

[ ]  Disoriented [ ]  Agitated / Nervous [ ]  Unexplained mood changes

[ ]  Unauthorized frequent breaks

[ ]  Other (specify):

1. **Motor Skills**:

[ ]  Normal [ ]  Swaying [ ]  Falling

[ ]  Staggering [ ]  Stumbling [ ]  Reaching for support

[ ]  Unable to maintain balance

[ ]  Other (specify):

1. **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: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Date)