

SUPERVISOR'S OBSERVATION CHECKLIST

Directions: The supervisor (or other agency designee) should record any signs, conditions and/or observations that cause the supervisor to suspect that the employee may be under the influence of drugs/alcohol. Observations should focus on items that deviate from the employee's normal or usual behavior.

Job Performance Observations (Specific examples of difficulty performing job tasks):

Physical Observations

<p>1. Walking/Standing: <input type="checkbox"/> Stumbling <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsteady <input type="checkbox"/> Holding on <input type="checkbox"/> Unable to stand <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>	<p>6. Actions: <input type="checkbox"/> Resisting <input type="checkbox"/> Fighting <input type="checkbox"/> Disoriented <input type="checkbox"/> Threatening <input type="checkbox"/> Drowsy <input type="checkbox"/> Profanity <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hostile <input type="checkbox"/> Pacing <input type="checkbox"/> Erratic <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>
<p>2. Breath: <input type="checkbox"/> Odor of alcohol <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>	<p>7. Eyes: <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Pinpoint pupils <input type="checkbox"/> Closed <input type="checkbox"/> Glassy <input type="checkbox"/> Droopy <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>
<p>3. Speech: <input type="checkbox"/> Shouting <input type="checkbox"/> Silent <input type="checkbox"/> Whispering <input type="checkbox"/> Slow <input type="checkbox"/> Rambling <input type="checkbox"/> Incoherent <input type="checkbox"/> Slurred <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>	<p>8. Movements: <input type="checkbox"/> Uncoordinated <input type="checkbox"/> Jerky <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Nervous <input type="checkbox"/> Fumbling <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>
<p>4. Demeanor: <input type="checkbox"/> Crying <input type="checkbox"/> Sarcastic <input type="checkbox"/> Sleepy <input type="checkbox"/> Talkative <input type="checkbox"/> Fighting <input type="checkbox"/> Excited <input type="checkbox"/> Agitated <input type="checkbox"/> Lethargic <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>	<p>9. Balance: <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Eyes closed <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>
<p>5. Face: <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>	<p>10. Awareness: <input type="checkbox"/> Forgetful <input type="checkbox"/> Confused <input type="checkbox"/> Bewildered <input type="checkbox"/> Sleepy <input type="checkbox"/> Disoriented <input type="checkbox"/> Other _____</p> <p>Explain: _____ _____</p>
<p>Other: _____ _____</p>	

Supervisor's Name (print)

Supervisor's Signature

Date