OBSERVATION CHECKLIST

Directions: This check list may be used to assess an employee's fitness to perform his or her job functions safely. Check all spaces that accurately describe the employee's behavior/actions during the observation.

Date: _____ Time: _____

Name of Employee/Title

 Walking	\checkmark	Standing		Speech
Stumbling		Swaying		Shouting
Staggering		Rigid		Silent
Falling		Unable to stand		Whispering
Unable to walk		Feet wide apart		Slow
Swaying		Staggering		Rambling
Unsteady		Sagging at knees		Mute
Holding on				Slurred
				Slobbering
 Demeanor		Actions		Face
Cooperative		Resisting Communications		Flushed
Polite		Fighting		Pale
Calm		Threatening		Sweaty
Sleepy		Calm		
Silent/Withdrawn		Drowsy		Breath
Talkative		Profanity	Ĩ	Strong alcoholic order
Excited		Hyperactive		Faint alcoholic odor
Sarcastic		Hostile		No alcoholic odor
Fighting		Erratic		
 Movements		Appearance/Clothing		Eyes
Fumbling		Unruly		Bloodshot
Jerky		Messy		Watery
Slow		Dirty		Dilated
Normal		Partially dressed		Glassy
Nervous		Neat		Droopy
Hyperactive		Unusually strong body odor		Closed

Is the employee eating or chewing anything? \Box Yes \Box No If yes, what?

Other Observations:

Observer's Name (print):

Observer's Signature: _____ Date: _____

Witness' Signature: Date:

The decision to test for reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior and speech or body odors of the employee. It is recommended that the observing manager have a second manager (without sharing suspicions) observe the employee. Each manager who has been trained in detection of possible symptoms of drug use and alcohol misuse shall substantiate and concur in the decision to test an employee.