

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	√	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	Silent/Withdrawn		Drowsy	√	Breath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		Strong alcoholic odor
	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? Yes 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.