Employer Name

Employee Health Services

Employee Observation Checklist

Employee Name: _____ **Department:** _____

Social Security #: _____ **Date:** _____ **Time:** _____

Behaviors exhibited for suspicion of drug and/or alcohol use:

- ☐ Drowsiness or sleepiness
- ☐ Disorientation to person, place, or time
- ☐ Odor of alcohol on breath
- ☐ Slurred and/or incoherent speech
- ☐ Unusually aggressive or violent behavior
- ☐ Avoids associates
- ☐ Unexplained work errors or lack of reasonable judgement
- ☐ Failure to follow instructions/complete tasks
- ☐ Unexplained change of mood
- ☐ Unexplained or frequent accidents or injuries
- ☐ Lack of manual dexterity and/or coordination in walking
- ☐ Glassy, red eyes
- ☐ Repeated inability to concentrate
- ☐ Excessive absenteeism/tardiness

Other observations:

(Complete the second page of this form)

Specific Observations:

Walking/Standing

- ☐ unsteady
- ☐ staggering
- ☐ stumbling
- ☐ swaying
- ☐ holding on
- ☐ rigid
- ☐ unable to stand
- ☐ unable to walk

Face

- ☐ normal
- ☐ pale
- ☐ flushed
- ☐ perspiration

Breath

- ☐ no alcoholic odor
- ☐ faint alcoholic odor
- ☐ alcoholic odor
- ☐ chewing gum
- ☐ candy
- ☐ mints
- ☐ other: _____

Eyes

- ☐ normal
- ☐ blood shot
- ☐ sleepy
- ☐ droopy
- ☐ watery
- ☐ pupils dilated
- ☐ pupils constricted
- ☐ eyes closed

Speech

- ☐ normal
- ☐ slurred
- ☐ slow
- ☐ shouting
- ☐ profanity
- ☐ slobbering
- ☐ silent
- ☐ whispering
- ☐ incoherent

Demeanor

- ☐ cooperative
- ☐ calm
- ☐ crying
- ☐ excited
- ☐ hyperactive
- ☐ threatening
- ☐ sarcastic
- ☐ hostile
- ☐ fighting
- ☐ talkative
- ☐ sleepy
- ☐ silent

Other:

Form completed by:

Signature: _____ Print Name: _____

Title: _____

Witness: _____ Print Name: _____

Title: _____