DRUG AND ALCOHOL TESTIMOPAIRMENT CHECKLIST DOCUMENTATION OF OBSERVED BEHAVIOR FOR REASONABLE SUSPICION

Directions: This checklist should be used to record behavior of an employee who is at work and seemingly unfit for duty. Circle all the items that apply. A copy of the completed form should be sent to the appropriate personnel office.

Employee Name:		Employee Unique ID:	
Date Observed:	Time Observed:	Location:	

WALKING	Stumbling	Staggering	Unable to Walk	Swaying
_	Unsteady	Holding On		3 3 3
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STANDING	Swaying	Rigid	Unable to Stand	Feet Wide Apart
	Staggering	Sagging Knees		
SPEECH	Shouting	Silent	Whispering	Slow
	Rambling	Mute	Slurred	Slobbering
	Incoherent Speech			
DEMEANOR	Impolite	Uncooperative	Sleepy	Crying
	Silent	Talkative	Excited	Sarcastic
	Agitation	Irritability	Hostility	Argumentative
	Unruly	Fearful		
ACTIONS	Hostile Erratic	Fighting		

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