

**DRUG AND ALCOHOL TESTING – IMPAIRMENT 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		
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	Threatening	Drowsiness
	Hyperactive	Tremors	Profanity	Aggressive Behavior
	Resisting Communication			
MENTAL STATE	Obsessions	Hallucinations	Memory Loss	Delusions
	Disorientation	Poor Concentration		
EYES	Bloodshot	Watery	Dilated	Glassy
	Droopy	Closed		
FACE	Flushed	Pale	Sweaty	
APPEARANCE/ CLOTHING	Messy	Dirty	Neat	Having Odor
	Partially Dressed			
MOVEMENTS	Fumbling	Jerky	Slow	Normal

	Nervous			
EATING/ CHEWING	Gum	Candy	Mints	Other _____
PERFORMANCE	Acute Work Errors	Lack of Coordination in Movement	Lack of Performing Normal Tasks	Work Related Accident or Injury
	Diminished Capacity, Inability to Perform			

Supervisor/Observer: _____
 Print Name Sign Name Date

Witness/Observer: _____
 Print Name Sign Name Date