Appendix A
SUPERVISOR’S OBSERVATIONS OR REPORTS

Section 1

Employee Name: ________________________________

Employee Job Title: ____________________________  Department: ____________________________

Date of Observation: ____________________________  Time: ________ am/pm

Location: ____________________________  Employee performing safety-sensitive duties? ____yes ____no

Section 2

Observations: Check all that apply:

**BEHAVIOR/MOVEMENTS**
- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- unsteady, uncoordinated
- argumentative, agitated
- suspicious, paranoid
- hyperactive, fidgety
- twitching
- irrational
- unusual behavior/inconsistent with usual behavior
- sleeping
- unconscious

**APPEARANCE**
- flushed complexion
- sweating
- cold sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- unfocused, blank stare
- disheveled clothing
- unkept grooming

**SPEECH**
- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative
- nonsensical, silly
- cursing, inappropriate speech
- inability to verbalize thoughts
- no response to questions

**ACCIDENTS/SAFETY**
- impaired judgment
- negligence or carelessness in operating equipment/machinery
- reduced response to emergency situation
- disregard for safety

**ODOR**
- marijuana
- alcohol
- body odor
- urine

Other observations or additional details (comment here or add as an attachment): ______________________________________

Section 3

These observations were either observed by me or credibly reported to me regarding the employee identified above.

Supervisor’s Name (printed or typed) ____________________________  Signature ________________  Date ________________

Witness/Additional Witness (additional witness if observed by supervisor and if available)

Witness Name (printed or typed) ____________________________  Signature ________________  Date ________________

Section 4

DETERMINATION OF NEED FOR TEST (to be completed by Human Resources)
- ___ Reasonable Suspicion Alcohol Breath Test
- ___ Reasonable Suspicion Drug Urine Test
- ___ No Test Required
- ___ Other (please explain)

Section 5

TEST TIME AND LOCATION (to be completed by Human Resources if test required)

Employee to report for test by no later than ________ (time) on ________ (date).

Collection Site and Address: ____________________________

When determined to be necessary, Human Resources will make arrangement for testing, including transportation of the employee to a testing facility if necessary.

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