

RECORD OF OBSERVABLE BEHAVIOR

| Employee Name: _____ | | | |
|--|---|---|--|
| Observation Time: _____ | | Observation Location: _____ | |
| Reasonable suspicion of current use or impairment by: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both | | | |
| Cause for Suspicion | | | |
| Appearance | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Flushed | <input type="checkbox"/> Puncture Marks | <input type="checkbox"/> Disheveled, Disordered |
| <input type="checkbox"/> Tremors | <input type="checkbox"/> Dilated/Constricted Pupils | <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Runny Nose/Sniffing | <input type="checkbox"/> Wearing Sunglasses | <input type="checkbox"/> Bloodshot Eyes | <input type="checkbox"/> Deterioration in Dressing |
| <input type="checkbox"/> Odor of : | | <input type="checkbox"/> Other: | |
| Behavior | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Confused/Disoriented | <input type="checkbox"/> Whispering Loud | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Silent | <input type="checkbox"/> Poor Comprehension | <input type="checkbox"/> Slow | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Paranoid | <input type="checkbox"/> Rambling | <input type="checkbox"/> Aggressive/Violent |
| | <input type="checkbox"/> Euphoria | <input type="checkbox"/> Slurred | <input type="checkbox"/> Other: |
| Motor Skills | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Jerky | <input type="checkbox"/> Stumbling | <input type="checkbox"/> Arms raised for balance |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Fumbling | <input type="checkbox"/> Falling | <input type="checkbox"/> Wide based gait |
| <input type="checkbox"/> Drowsy | <input type="checkbox"/> Rigid | <input type="checkbox"/> Reaching for support | <input type="checkbox"/> Dropping things |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Swaying | <input type="checkbox"/> Head falling | <input type="checkbox"/> Other: |
| Attendance | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Frequently absent | <input type="checkbox"/> Frequently tardy | <input type="checkbox"/> Unexplained gaps of time (e.g., takes 15 minutes to get from one room to another) |
| <input type="checkbox"/> Other: | | | |
| Work Performance | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Declining quality of work | <input type="checkbox"/> Incomplete work | <input type="checkbox"/> Slowed reaction time |
| <input type="checkbox"/> Perfectionist or workaholic | <input type="checkbox"/> Other: | | |

Did the employee admit to use of drugs or alcohol? Yes: _____ No: _____

When: _____ Substance: _____

How much: _____ Where Taken: _____

WITNESSED BY:

| | | | |
|------------------------|-------|------|------|
| Signature (Supervisor) | Title | Date | Time |
|------------------------|-------|------|------|

| | | | |
|----------------------------|-------|------|------|
| Signature (Administration) | Title | Date | Time |
|----------------------------|-------|------|------|

| SITUATIONAL CATEGORY | IMMEDIATE ACTION | INVESTIGATION | NOTIFICATION OF POLICE | DISCIPLINE REHABILITATION |
|--|--|--|---|---|
| 1. Employee suspected of possible alcohol or other drug use. No violation or physical evidence. | Employee informed of available help and encouraged to seek assistance. | Limited to supervisor contacting counselor or nurse for assistance. | Not applicable | None. Referral to Substance Abuse Professional. |
| 2. Employee contacts supervisor in regard to alcohol or other drug use of another employee. | Employee who contacts supervisor encouraged to get employee with problem to personally seek assistance. | Limited to supervisor, although, counselor or nurse may be contacted for assistance. | Not applicable | None. Referral to Substance Abuse Professional. |
| 3. Employee voluntarily informs supervisor about personal alcohol or other drug use and asks for help. | Employee informed of services available and encouraged to seek assistance. | Supervisor may request advice from counselor or nurse. | Not applicable | None. Referral to Substance Abuse Professional. |
| 4. Employee has alcohol or other drug related medical emergency. | Nurse summoned immediately. Employee transported to medical facility. | Supervisor shall investigate incident. May include search of employee and possessions. | Only where safety of emergency victim or school population is at risk | Referral to Substance Abuse Professional. If further violation, see appropriate situational category. |
| 5. Employee possesses drug related paraphernalia. No evidence of use. | Supervisor summoned; Personnel involved write anecdotal report of incident. | Supervisor shall investigate incident. | At discretion of supervisor | Required meeting with counselor and/or supervisor. If further violation, see appropriate situational category. |
| 6. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity.. 1st offense. Cooperative behavior. | Supervisor summoned. Personnel involved write anecdotal report of incident. Employee relieved of duties for remainder of day if using or under influence [and may be required to undergo drug and/or alcohol testing] . | Supervisor shall investigate incident [and may require employee to undergo drug and/or alcohol testing] . | At discretion of supervisor | Notice given that repeated violation may result in recommendation for discharge. Required participation in chemical abuse program. |
| 7. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity.. 1st offense. Uncooperative behavior. | Supervisor summoned. Personnel involved write anecdotal report of incident. Employee relieved of duties for remainder of day if using or under influence [and may be required to undergo drug and/or alcohol testing] . | Supervisor shall investigate incident [and may require employee to undergo drug and/or alcohol testing] . | Yes | Notice given that repeated violation will result in recommendation for discharge. Required participation in chemical abuse program. |
| 8. Employee possesses, uses, or is under influence of alcohol or other drugs on or off school property in official capacity. Multiple offenses. | Supervisor will be contacted. Employee relieved of duties for appropriate period of time [and may be required to undergo drug and/or alcohol testing] . | Supervisor shall investigate incident [and may require employee to undergo drug and/or alcohol testing] . | At discretion of supervisor | Discipline as provided by appropriate situational category following investigation. |
| 9. Employee distributing alcohol, drugs, or controlled substance during duty time or on school property. | Police summoned. Personnel witnessing write anecdotal report of incident. | Supervisor will investigate and make recommendation. | Yes | Immediate recommendation for discharge. |