

Manager's Checklist for Identifying Potential Substance Abuse/Impairment

Complete this checklist when you have reasonable suspicion that an employee is under the influence of a prohibited drug or alcohol.

Employee Name	Employee ID #	Date/Time of Observation:
Supervisor #1 Name	Telephone:	
Supervisor #2 Name	Telephone:	

Check those behaviors and symptoms that have caused you to believe the employee may be under the influence of an illegal drug or alcohol.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
<u>Mood Change</u>			<u>Relationship to Others on the Job</u>		
Depressed	___	___	Overreaction to real or imagined criticism	___	___
Anxious	___	___	Avoiding and withdrawing from peers	___	___
Irritable	___	___	Increased complaints from co-workers	___	___
Paranoid	___	___	Borrowing money from co-workers	___	___
Suspicious	___	___	Complaints of problems at home, (i.e. Separation, divorce, child discipline)	___	___
<u>Work Patterns</u>			<u>Actions/Behavior</u>		
High and low periods Of productivity	___	___	Angry Outbursts	___	___
Poor judgment/frequent mistakes	___	___	Unexpected Crying	___	___
Inability to focus on task at hand	___	___	Argumentative	___	___
Difficulty recalling instructions	___	___	Violent tendencies	___	___
Missing deadlines	___	___	Excessively humorous	___	___
Increased difficulty handling complex situations	___	___	Frequent trips to rest room	___	___
			Inconsistency in quality of work	___	___

OBSERVATION AND DOCUMENTATION OF CURRENT INDICATORS

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|---|---------------------|--|
| ___ Constricted Pupils | ___ Drowsiness | ___ Involuntary eye movements |
| ___ Dilated Pupils | ___ Odor of Alcohol | ___ Muscular Incoordination |
| ___ Scratching | ___ Nasal Secretion | ___ Inability to verbalize |
| ___ Red or watering eyes | ___ Dizziness | ___ Difficulty Concentrating |
| ___ Sniffles | ___ Yawning | ___ Unconsciousness |
| ___ Excessively active | ___ Nausea/vomiting | ___ Irritable |
| ___ Flushed skin | ___ Argumentative | ___ Violent behavior |
| ___ Sweating | ___ Slurred Speech | ___ Bizarre Behavior (Describe in other) |
| ___ Twitching | ___ Needle Marks | |
| ___ Possession of paraphernalia (i.e. syringe, bent spoon, medicine dropper, glassine bag, paint can, or aerosol can) | | |
| ___ Possession of substance that appears to possibly be a drug or alcohol (turn over to police) | | |
| ___ Other _____ | | |

