(Please Print)

West Virginia University – Division of HJYbhUbX 7i `h fY OBSERVED BEHAVIOR CHECKLIST

Employee name:			Employee ID #:			
Date of observation:					n /	AM PM (check one)
Location of incident:			То _		A	M PM (check one)
<u>PLE/</u>	ASE CHECK ALL OB	SERVATIONS THAT APPL	<u>Y</u> :			
1.	Are alcohol, drugs a	nd/or drug paraphernalia pre	esent? Yes No	(check one)	Specify, if yes:	
2.	Did the employee a	mit to the use of drugs or alcohol? Yes No (check one) Specify, if yes:				
3.	Appearance:	 Normal Messy Profuse sweating Tremors/shaking Other (specify): 	 Drowsy or sleep Bloodshot eyes Puncture marks Inappropriate w sunglasses 		 Flushed Dilated/Const Runny nose/s Odor of alcoh Odor of marij 	ores
4.	Behavior/Speech:	 Normal Confused Unable to concentrate Weepy Other (specify): 	 Incoherent Slurred speech Silent Unreasonably 		 Changed volume of speech Slowed speech Aggressive behaviors 	
5.	Awareness:	 Normal Paranoid Disoriented Other (specify): 	 Confused Lack of coordin Unexplained char 		 Excessive excitement Change in energy level Unauthorized frequent breaks Agitated or Nervous 	
6.	Motor Skills:	 Normal Staggering Unable to maintain bala Other (specify): 	□ Stumbling □ Re		☐ Falling ☐ Reaching	for support
7.	Other Observed Act	ions or Behaviors (specify):				
C	Check all that apply: C	 Relieved employee from duti Implemented safe transportation if necessary 			of process for retu	rning to work
Completed by:					Date:	
(Print Name) Witnessed by:(Print Name)			· · · · ·		Date:	
		d and signed within 24 hours of the partment of Transportation drug test		-		
For T	C&C Use ONLY: This fo	rm received and reviewed by:			Date	