

West Virginia University – Division of **HUYbhUbX'7i`h fy**

OBSERVED BEHAVIOR CHECKLIST

Employee name: _____ Employee ID #: _____

Date of observation: _____ Time of observation: From _____ AM PM (check one)

Location of incident: _____ To _____ AM PM (check one)

PLEASE CHECK ALL OBSERVATIONS THAT APPLY:

1. Are alcohol, drugs and/or drug paraphernalia present? Yes No (check one) Specify, if yes: _____

2. Did the employee admit to the use of drugs or alcohol? Yes No (check one) Specify, if yes: _____

3. Appearance:

<input type="checkbox"/> Normal	<input type="checkbox"/> Drowsy or sleepy	<input type="checkbox"/> Flushed
<input type="checkbox"/> Messy	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Dilated/Constricted pupils
<input type="checkbox"/> Profuse sweating	<input type="checkbox"/> Puncture marks	<input type="checkbox"/> Runny nose/sores
<input type="checkbox"/> Tremors/shaking	<input type="checkbox"/> Inappropriate wearing of sunglasses	<input type="checkbox"/> Odor of alcohol
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Odor of marijuana

4. Behavior/Speech:

<input type="checkbox"/> Normal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Changed volume of speech
<input type="checkbox"/> Confused	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Slowed speech
<input type="checkbox"/> Unable to concentrate	<input type="checkbox"/> Silent	<input type="checkbox"/> Aggressive behaviors
<input type="checkbox"/> Weepy	<input type="checkbox"/> Unreasonably defiant	
<input type="checkbox"/> Other (specify):		

5. Awareness:

<input type="checkbox"/> Normal	<input type="checkbox"/> Confused	<input type="checkbox"/> Excessive excitement
<input type="checkbox"/> Paranoid	<input type="checkbox"/> Lack of coordination	<input type="checkbox"/> Change in energy level
<input type="checkbox"/> Disoriented	<input type="checkbox"/> Unexplained changes in mood	<input type="checkbox"/> Unauthorized frequent breaks
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Agitated or Nervous

6. Motor Skills:

<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Falling
<input type="checkbox"/> Staggering	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Reaching for support
<input type="checkbox"/> Unable to maintain balance		
<input type="checkbox"/> Other (specify):		

7. Other Observed Actions or Behaviors (specify): _____

Check all that apply: <input type="checkbox"/> Relieved employee from duties and removed from work site <input type="checkbox"/> Implemented safe transportation plan, <input type="checkbox"/> Informed employee of process for returning to work if necessary
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Completed by: _____ Date: _____
(Print Name) (Signature) (Title)

Witnessed by: _____ Date: _____
(Print Name) (Signature) (Title)

This document must be prepared and signed within 24 hours of the observed behaviors and the original must be returned to Talent & Culture. In the case of employees subject to Department of Transportation drug testing, this must be prepared and signed within 24 hours or before the results of the drug tests are released, whichever is earlier. (49 CFR 391.99(d)).

For T&C Use ONLY: This form received and reviewed by: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Date </div>
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