



**FITNESS FOR DUTY
REASONABLE CAUSE/OBSERVATION DOCUMENTATION**

All employees, including yourself, occasionally exhibit some performance problems and behavior changes. Sometimes these problems and changes cause concern that an employee may be unfit to perform the employee's regular duties as a result of substance abuse. Below is a checklist of some possible observations for you to use in determining when there is reasonable cause for such concern and possible substance testing. This list is not intended to be all-inclusive nor should you think that one symptom alone automatically means there is a chemical dependency problem.

NAME _____ DATE _____

LOCATION _____ TIME _____

The onset of one or more of the following observations may be cause for substance abuse testing:

- | | | | |
|-------------------------------------|---|-------------------------------------|--|
| SPEECH | AWARNNESS | BALANCE | PHYSICAL INDICATORS |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Confused | <input type="checkbox"/> Swaying | <input type="checkbox"/> Pupils dilated/red eyes |
| <input type="checkbox"/> Muddled | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Staggering | <input type="checkbox"/> Cold sweats/tremors |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Erratic behavior | <input type="checkbox"/> Falling | <input type="checkbox"/> Alcohol/marijuana odor |

When you observe behaviors that may interfere with the employee's performance, you should note and document your observations. The employee should be counseled about any performance problems, and any explanations volunteered or offered by the employee should be noted. Although work related performance or behavior problems might be cause for substance abuse testing, continued work related performance and behavior problems might result in reassignment, or discipline up to and including termination of employment.

WORK OBSERVATIONS

- Unexplained or excessive absenteeism or tardiness
- Unexplained or excessive absences from work area
- Frequent trips to water cooler, or restroom
- Difficulty in understanding/recalling instructions
- High frequency of accident occurrence

MOODS

- Withdrawn/sad/morbid
- Mood swings high and low
- Nervousness/agitation
- Other _____

PHYSICAL INDICATORS

- Rapid breathing
- Inappropriate wearing of sunglasses
- Other _____

Comments: _____

To the best of my knowledge and belief this report represents the action, appearances and/or conduct observed by me and upon which I base my decision to suggest said employee be tested or be further evaluated by a supervisor.

EMPLOYEE _____ SUPERVISOR _____

Employee signature is merely confirming that they have been informed of this situation

WITNESS _____

NOTE: THIS REPORT IS TO BE USED ONLY AS AN OBSERVATION AID, AND SHALL, TO THE EXTENT POSSIBLE, REMAIN CONFIDENTIAL