

HUMAN RESOURCES - EMPLOYEE RELATIONS

OBSERVATION CHECK LIST

Date and Time:		Employee Name:		PIN Number:	
Employee Classification:				Unit/Department:	
Supervisor:				Supervisor Phone Number:	
Firsthand observation <u>must</u> be made by two members of management:			1.		
			2.		
If a manager/supervisor identifies that an employee or faculty member is incapable of performing the requirements of the job adequately or safely, the following check list may be utilized to determine reasonable suspicion of impairment.					
#	Yes/No	Behavior		Comments	
1.		Movements (unsteady, tremors, fidgety, dizziness, loss of coordination, staggering)			
2.		Odors (smell of alcohol, body odor or urine)			
3.		Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts)			
4.		Eyes (dilated, bloodshot, constricted, watery, involuntary eye movements)			
5.		Face (flushed, sweating, yawning, confused or blank look)			
6.		Emotions (argumentative, agitated, irritable, drowsy)			
7.		No actions (sleeping, unconscious, no reaction to questions)			
8.		Abnormal behaviors (deterioration of physical appearance, inappropriate answers to questions, disoriented, hallucinations, significant mood swings)			
9.		Performance (poor work product or work behaviors)			
Reasonable Suspicion to Send Employee for Fitness for Duty Certification?		☐ Yes	☐ No	Date/Time/Location Employee Sent Fitness for Duty Certification:	
Additional Comments:					

Signature of First Observing Official

Date

Signature of Second Observing Official

Date