



**HUMAN RESOURCES - EMPLOYEE RELATIONS
FITNESS FOR DUTY OBSERVATION CHECKLIST FORM**

Date and Time: _____ Employee Name: _____

SAP ID Number: _____ Unit/Department: _____

Supervisor: _____ Supervisor Phone Number: _____

Firsthand observation must be made by two members of management:

1. _____
2. _____

If a manager/supervisor identifies that an employee is incapable of performing the requirements of the job adequately and/or safely, the following check list may be utilized to determine reasonable suspicion of impairment.

Fitness for Duty Observations Check List – Please indicate the observed behaviors below. You may add any other observed behaviors not listed.

1. Movements: Unsteady/Staggering, Needs Support/Unsteady, Stumbling/Tremors, Loss of Coordination _____

2. Odors: Faint or Strong Alcohol Odor, Chemical Odor, Marijuana Odor, Unidentifiable Odor _____

3. Speech: Silent/Whispering, Slurred or Slow Speech, Shouting/Incoherent, Inability to Verbalize Thoughts, Distracted Mid-Thought _____

4. Eyes: Dilated/Constricted, Watery/Glassy, Involuntary Eye Movement, Bloodshot, Closed or Droopy Eyelid _____

5. Face: Red/Flushed, Pale, Sweaty, Confused or Blank Look, Drooling, Grinding Teeth, Yawning _____

6. Emotions: Agitated, Irritable, Drowsy. Anxious, Inattentive, Argumentative, Tearful/Crying, Frequent Mood Change, Sarcastic, Excited _____

7. Actions: In and Out of Consciousness, No Reaction to Questions, Silent, Stooping at the Knees, Non-Communicative, Sleeping _____

8. Behaviors: Deterioration of Physical Appearance, Inappropriate Answers to Questions, Disorientation, Hallucinations, Significant Mood Changes, Hostile, Fighting/Combative _____

9. Performance: Poor Work Product, Inappropriate Work Behaviors, Little or No Work Performed _____

Other items for consideration:

- Alcohol and/or drugs were observed in the individual's possession or within their immediate surroundings.
- When approached, the individual acknowledged being under the influence of drugs and/or alcohol while performing their work duties.
- The individual admitted to consuming or using drugs and/or alcohol during work hours when the behavior was observed.
- The individual offered the following explanation for their actions or behavior:

Reasonable Suspicion of Impairment? Yes _____ No _____

Date/Time Employee Sent to Employee Health: _____

Additional Comments: _____

Signature of First Observing Official

Date

Signature of Second Observing Official

Date