

Appendix A  
**SUPERVISOR'S OBSERVATIONS OR REPORTS**

Section 1

Employee Name: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location: \_\_\_\_\_ Employee performing safety-sensitive duties?  yes  no

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Section 2

Observations: Check **all** that apply:

**BEHAVIOR/MOVEMENTS**

stumbled  
 drowsy, sleepy, lethargic  
 agitated, anxious, restless  
 hostile, withdrawn  
 unresponsive, distracted  
 unsteady, uncoordinated  
 argumentative, agitated  
 suspicious, paranoid  
 hyperactive, fidgety  
 twitching  
 irrational  
 unusual behavior/inconsistent with usual behavior  
 sleeping  
 unconscious

**APPEARANCE**

flushed complexion  
 sweating  
 cold sweats  
 bloodshot eyes  
 tearing, watery eyes  
 dilated (large) pupils  
 constricted (pinpoint) pupils  
 unfocused, blank stare  
 disheveled clothing  
 unkempt grooming

**SPEECH**

slurred, thick  
 incoherent  
 exaggerated enunciation  
 loud, boisterous  
 rapid, pressured  
 excessively talkative  
 nonsensical, silly  
 cursing, inappropriate speech  
 inability to verbalize thoughts  
 no response to questions

**ACCIDENTS/SAFETY**

impaired judgment  
 negligence or carelessness in operating equipment/machinery  
 reduced response to emergency situation  
 disregard for safety

**ODOR**

marijuana  
 alcohol  
 body odor  
 urine

Other observations or additional details (comment here or add as an attachment): \_\_\_\_\_

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Section 3

These observations were either observed by me or credibly reported to me regarding the employee identified above.

\_\_\_\_\_  
Supervisor's Name (printed or typed) Signature Date

Witness/Additional Witness (additional witness if observed by supervisor and if available)

\_\_\_\_\_  
Witness Name (printed or typed) Signature Date

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Section 4

**DETERMINATION OF NEED FOR TEST** (*to be completed by Human Resources*)

Reasonable Suspicion Alcohol Breath Test  
 Reasonable Suspicion Drug Urine Test  
 No Test Required  
 Other (please explain)

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Section 5

**TEST TIME AND LOCATION** (*to be completed by Human Resources if test required*)

Employee to report for test by **no later than** \_\_\_\_\_ (time) on \_\_\_\_\_ (date).

Collection Site and Address: \_\_\_\_\_

When determined to be necessary, Human Resources will make arrangement for testing, including transportation of the employee to a testing facility if necessary.