

Behavior/Incident Documentation Form "C"

This form is to be used by supervisors in conjunction with DHRM's Policy 1.05, Alcohol and Other Drugs Policy. The purpose of this form is to facilitate the observation and documentation of an employee's behavior in cases where it is suspected that an employee is under the influence of alcohol or other drugs in the workplace. It is preferable that this form be completed at the time of the noticed behavior and in the presence of a witness. However, if this is not feasible, the form should be completed immediately after observing the affected employee.

Copies of this form should be maintained in the supervisor's file as supporting documentation for any subsequent actions.

Name of Supervisor preparing form: _____

Date and Time of Preparation: _____

Name of Employee: _____

Department: _____

Date and Time of Observation: _____

Witnesses to observation/conversation: _____

Behavioral Observations:

Behavior or Incident creating reasonable suspicion of drug/alcohol abuse:

Description of Observations:

Please check all that apply.

√	Odors	√	Face
	Smell of alcohol on breath		Flushed
	Odor on clothes		Sweating
	Urine		Confused
	Other:		Blank Look
			Other:
√	Movements	√	Speech
	Unsteady balance		Slurred
	Fidgety or trembling		Slower than normal
	Walking abnormalities		Distracted mid-thought
	Lack of depth perception		Inability to verbalize thoughts
	Other:		Other:
√	Eyes	√	Emotions
	Dilated		Argumentative
	Constricted		Agitated or irritable
	Watery		Excessive emotion
	Involuntary eye movements		Drowsy
	Other:		Other:
√	Actions/Inactions		
	Yawning		
	Twitching		
	Sleeping		
	Unconscious		
	No reaction to questions		
	Other:		

Follow Up Actions:

Was the Employee sent home? YES NO

If yes, by what means?

Contact person picked him/her up

Taxi

Other: _____

Did the employee leave work on his/her own? YES NO

If so, were police/others notified? YES NO

Follow Up Supervisor Comments:

Employee's response and/or Comments:

Suggested Supervisor Closing Statement to Employee:

This is a pre-disciplinary measure at this time based on our observations of your current behavior. You will have the opportunity to respond and/or provide us with any information that you feel will change our perception of your current state. Please plan to meet with me _____.

Supervisor Signature: _____

Witness Signature (if present) : _____