

## OBSERVED BEHAVIOR

THIS FORM IS TO BE USED TO DOCUMENT THE REASONS AN EMPLOYEE  
MAY BE ASKED TO SUBMIT FOR AN ALCOHOL AND/OR DRUG DRUG TEST.

**Employee name:** \_\_\_\_\_

**Date of observation:** \_\_\_\_\_

**Time of observation: From \_\_\_\_\_ To \_\_\_\_\_**

**Description of event: (Include details such as persons involved, location, property, etc.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Reasonable suspicion test for suspected drug use: \_\_\_\_\_**

**Reasonable suspicion test for alcohol use:** \_\_\_\_\_

**CHECK ALL APPROPRIATE OBSERVATIONS**

1. Odor of alcohol breath?      YES    \_\_\_                      NO    \_\_\_
2. Speech:    \_\_\_    Normal            \_\_\_    Incoherent    \_\_\_    Confused  
                  \_\_\_    Slurred            \_\_\_    Whispering   \_\_\_    Silent
3. Balance:    \_\_\_    Normal            \_\_\_    Swaying            \_\_\_    Staggering
4. Walking:    \_\_\_    Normal            \_\_\_    Stumbling        \_\_\_    Swaying  
                  \_\_\_    Arms raised       \_\_\_    Reaching for support
5. Standing:   \_\_\_    Feet wide apart   \_\_\_    Sagging at knees   \_\_\_    Rigid
6. Eyes:        \_\_\_    Blood shot        \_\_\_    Closed            \_\_\_    Dilated  
                  \_\_\_    Droopy            \_\_\_    Glassy            \_\_\_    Watery
7. Face:        \_\_\_    Flushed            \_\_\_    Pale                \_\_\_    Sweaty
8. Demeanor: \_\_\_    Calm                \_\_\_    Crying            \_\_\_    Angry  
                  \_\_\_    Excited            \_\_\_    Sarcastic
9. Awareness: \_\_\_    Normal            \_\_\_    Confused        \_\_\_    Paranoid  
                  \_\_\_    Sleepy            \_\_\_    Lack of coordination

10. Other observations and factors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABOVE BEHAVIOR WITNESSED BY:**

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**BOTH PAGES OF THIS FORM MUST BE PREPARED EVERY TIME AN  
EMPLOYEE IS SUSPECTED OF DRUG USE / ALCOHOL USE**

**ACCU-MED SYSTEMS NOTIFIED:**

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**BY:** \_\_\_\_\_