

## Appendix B

### SUPERVISOR'S OBSERVATIONS

#### Section 1

Employee Name: \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_ Division/Work Unit: \_\_\_\_\_  
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

- stumbled
- drowsy, sleepy, lethargic
- agitated, anxious, restless
- hostile, withdrawn
- unresponsive, distracted
- clumsy, uncoordinated
- tremors, shakes
- flu-like illness complaints
- suspicious, paranoid
- hyperactive, fidgety
  
- frequent use of mints, mouthwash, breath sprays, eye drops
- inappropriate, uninhibited behavior

##### APPEARANCE

- flushed complexion
- sweating
- cold, clammy, 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

##### BODY ODOR

- alcohol
  
- marijuana

Other observations: \_\_\_\_\_

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#### Section 3

The observations, are documented above, were made of the employee identified in Section 1.

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

Additional Witness:

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

#### Section 4

##### Test Determination:

- |   |  |
|---|--|
| <input type="checkbox"/> Reasonable Suspicion Alcohol Breath Test | <input type="checkbox"/> No Test Conducted                     |
| <input type="checkbox"/> Reasonable Suspicion Drug Urine Test     | <input type="checkbox"/> 8 hours elapsed                       |
| <input type="checkbox"/> No Test Required                         | <input type="checkbox"/> No collection available               |
| <input type="checkbox"/> Employee Refused Test                    | <input type="checkbox"/> Employee transported for medical care |
|   | <input type="checkbox"/> Other (explain) _____                 |
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#### Section 5

Employee transported to collection site by: \_\_\_\_\_

Time transported: \_\_\_\_\_ am / pm Collection site: \_\_\_\_\_