FOR CAUSE DRUG/ALCOHOL TESTING CHECK LIST

Employee Name:			Dept:					
Were there Drugs of If yes, describe in no		Employee's perso	on or in the v	icinity?	'es □ No			
Was there a Report of Drug/Alcohol Use by the Employee while at work/on Duty? If yes, describe in narrative section □Yes □No								
Was there information that the employee tampered with a drug/alcohol test? If yes, describe in narrative section								
Are there excessive or unexplained absenteeism or tardiness?								
Conduct Suggesting Impairment or Influence of Drugs/Alcohol Check all that apply								
	☐ Falling ☐ Unable to walk	□Holding on □Swaying	☐ Staggering	□Swaying	□Unsteady □Normal			
STANDING	☐Feet wide apart ☐Unable to Stand	□Rigid □Staggering	□Swaying	□Sagging at K	nees □Normal			
SPEECH	□Silent □Slurred	□Incoherent □Whispering	Rambling	□Shouting	□Slow □Normal			
DEMEANOR	□Calm □Sarcastic	□Cooperative □Talkative	☐ Crying ☐ Excited	□Fighting □Sleepy	□Polite □Normal			
ACTIONS	☐ Calm ☐ Hyperactive ☐ Resisting Commun	□Drowsy □Profane ications	□Erratic □Threatening	☐ Hostile ☐ Excited	□ Fighting □ Normal			
EYES	☐ Bloodshot ☐ Watery	□Closed	□Dilated ·	□Droopy	□Glassy □Normal			
FACE	□Flushed	□Pale	□Sweaty		□Normal			
APPEARANCE/ CLOTHING	□Bodily Excrement □Strong Odor	□Stains on clothing □Soiled	☐Messy ☐Partially Dres	□Neat ssed	□Normal			
BREATH	Odor - Alcohol: Odor - Marijuana:	□Strong □Strong	□ Faint □ Faint	□ None □ None				
MOVEMENTS	□Fumbling □Slow	☐ Hyperactive	□Jerky	□Nervous	□Normal			
EATING/CHEW	ING FICA	ndy Mints	П Спп	1	□Nothing			

NARRATIVE SECTION This Section must be compling their vicinity; 2) there we tampered with a drug/alcohomay be completed to proconducted due to conduct by	as a report of drug/a 10l test; or 4) there h vide_supplemental_i	doohol use while a ave been excessive nformation regar	on duty; 3) there is e or unexplained al ding observation	information that the esenteeism or tardi	ne employee ness. Form
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		W. S. Carlotte			

Printed Name	Job Title	Date
Observations were confirm	ned by:	
Printed Name	Job Title	Date
	Observations were confirm	Observations were confirmed by: