

FOR CAUSE DRUG/ALCOHOL TESTING CHECK LIST

Employee Name: _____

Dept: _____

Were there Drugs or Alcohol on the Employee's person or in the vicinity? ☐ Yes ☐ No
If yes, describe in narrative section

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 ☐ Yes ☐ No

Are there excessive or unexplained absenteeism or tardiness? ☐ Yes ☐ No
If yes, describe in narrative section

Conduct Suggesting Impairment or Influence of Drugs/Alcohol ☐ Yes ☐ No
Check all that apply

WALKING	<input type="checkbox"/> Falling <input type="checkbox"/> Unable to walk	<input type="checkbox"/> Holding on <input type="checkbox"/> Swaying	<input type="checkbox"/> Staggering	<input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady <input type="checkbox"/> Normal
STANDING	<input type="checkbox"/> Feet wide apart <input type="checkbox"/> Unable to Stand	<input type="checkbox"/> Rigid <input type="checkbox"/> Staggering	<input type="checkbox"/> Swaying	<input type="checkbox"/> Sagging at Knees	<input type="checkbox"/> Normal
SPEECH	<input type="checkbox"/> Silent <input type="checkbox"/> Slurred	<input type="checkbox"/> Incoherent <input type="checkbox"/> Whispering	<input type="checkbox"/> Rambling	<input type="checkbox"/> Shouting	<input type="checkbox"/> Slow <input type="checkbox"/> Normal
DEMEANOR	<input type="checkbox"/> Calm <input type="checkbox"/> Sarcastic	<input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative	<input type="checkbox"/> Crying <input type="checkbox"/> Excited	<input type="checkbox"/> Fighting <input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite <input type="checkbox"/> Normal
ACTIONS	<input type="checkbox"/> Calm <input type="checkbox"/> Hyperactive <input type="checkbox"/> Resisting Communications	<input type="checkbox"/> Drowsy <input type="checkbox"/> Profane	<input type="checkbox"/> Erratic <input type="checkbox"/> Threatening	<input type="checkbox"/> Hostile <input type="checkbox"/> Excited	<input type="checkbox"/> Fighting <input type="checkbox"/> Normal
EYES	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery	<input type="checkbox"/> Closed	<input type="checkbox"/> Dilated	<input type="checkbox"/> Droopy	<input type="checkbox"/> Glassy <input type="checkbox"/> Normal
FACE	<input type="checkbox"/> Flushed	<input type="checkbox"/> Pale	<input type="checkbox"/> Sweaty		<input type="checkbox"/> Normal
APPEARANCE/ CLOTHING	<input type="checkbox"/> Bodily Excrement <input type="checkbox"/> Strong Odor	<input type="checkbox"/> Stains on clothing <input type="checkbox"/> Soiled	<input type="checkbox"/> Messy <input type="checkbox"/> Partially Dressed	<input type="checkbox"/> Neat	<input type="checkbox"/> Normal
BREATH	Odor - Alcohol: Odor - Marijuana:	<input type="checkbox"/> Strong <input type="checkbox"/> Strong	<input type="checkbox"/> Faint <input type="checkbox"/> Faint	<input type="checkbox"/> None <input type="checkbox"/> None	
MOVEMENTS	<input type="checkbox"/> Fumbling <input type="checkbox"/> Slow	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Jerky	<input type="checkbox"/> Nervous	<input type="checkbox"/> Normal
EATING/CHEWING	<input type="checkbox"/> Candy	<input type="checkbox"/> Mints	<input type="checkbox"/> Gum		<input type="checkbox"/> Nothing

This Section must be completed if employee is being tested because: 1) there were drugs/alcohol on their person or in their vicinity; 2) there was a report of drug/alcohol use while on duty; 3) there is information that the employee tampered with a drug/alcohol test; or 4) there have been excessive or unexplained absenteeism or tardiness. Form may be completed to provide supplemental information regarding observation of the employee if testing is conducted due to conduct by the employee which suggests impairment.

[illegible]

Date _____

Date _____