KENTUCKY COMEBACK
HOPE, HEALING, AND A FAIR CHANCE

REASONABLE OBSERVATION CHECKLIST

Name of Employee:	**Date:**
Date Observed:	**Location Observed:**
Time Observed:	**Name of Observer:**

CAUSE FOR SUSPICION

- **Was the employee observed in possession of or using drugs, alcohol or paraphernalia?** **Yes** ◉ **No** ○
- **Was the employee observed demonstrating erratic or abnormal behavior?** **Yes** ○ **No** ○
- **Did the employee admit to the use of drugs or alcohol?** **Yes** ○ **No** ◉

Explanation:

_____

_____

_____

OBSERVED PERSONAL BEHAVIOR CHECKLIST

Appearance	❑ Normal ❑ Runny Nose ❑ Profuse Sweating ❑ Flushed	❑ Bloodshot Eyes ❑ Puncture Marks ❑ Dilated/Constricted Pupils	❑ Nose Sores ❑ Dry Mouth ❑ Tremors/Shaking
Breath	❑ No Alcohol Odor	❑ Alcohol Odor	❑ Faint Alcohol Odor
Speech	❑ Normal ❑ Silent ❑ Shouting	❑ Slurred ❑ Rapid	❑ Slowed ❑ Whispering
Awareness	❑ Normal ❑ Confused ❑ Agitated ❑ Mood Swings	❑ Paranoid ❑ Lethargic ❑ Nervous	❑ Disoriented ❑ Lack of Coordination ❑ Excessively Excited
Attitude	❑ Silent ❑ Calm ❑ Talkative	❑ Cooperative ❑ Sleepy ❑ Emotional	❑ Sarcastic ❑ Aggressive ❑ Excited
Motor Skills	❑ Normal ❑ Swaying ❑ Stumbling ❑ Staggering	❑ Falling/Unable to Stand ❑ Unable to Maintain Balance ❑ Needs Support to Stand	❑ Jerky ❑ Slow ❑ Nervous

Behavior	❑ Normal ❑ Calm ❑ Confused ❑ Threatening	❑ Unable to Concentrate ❑ Incoherent ❑ Aggressive ❑ Fighting	❑ Slowed ❑ Hyper Active ❑ Hostile
Explain Other Behaviors			

WRITTEN SUMMARY

Summarize the events of the incident, employee response, and any additional information not previously noted.

Observer's Summary

_____
_____
_____
_____
_____

Employee's Response

_____
_____
_____
_____
_____

Corrective Action

_____
_____
_____
_____
_____

VERIFICATION OF SIGNATURES

My signature below indicates the above statements are true and accurate to the best of my knowledge, and I agree with the Observer's comments/documentation.

Employee Signature	**Title**	**Date**
Manager Signature	**Title**	**Date**

Sign and submit document immediately upon observed behavior. After document has been signed by all parties, give copy to employee and original to Human Resources for personnel file. HR Use Only:

Date Received:	**Time Received:**
HR Signature:	**Date:**