**OBSERVED BEHAVIOR WORKSHEET**

***Employee:***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Name |  | Department |

|  |
| --- |
|  |
| Job Title |

***Observed Behavior:***

|  |  |  |
| --- | --- | --- |
|  |  | * AM
* PM
 |
| Date |  | Time |

|  |
| --- |
|  |
| Location |

***Person Completing Form:***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Department |

|  |
| --- |
|  |
| Job Title |

NOTE: A manager, supervisor, a member of the Human Resources leadership team, or a UCCS Police Office, must complete this form. A combination of one or more observable signs and symptoms of drug or alcohol use must be observed to establish reasonable suspicion. Determination of reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, body odor or speech of the employee. The observations may include indications of the chronic and withdrawal effects of controlled substances. In making a determination of reasonable suspicion, additional factors may include, but are not limited to the following:

* Pattern of unsatisfactory job performance or work habits;
* Occurrence of a serious or potentially serious work-related accident that may have been caused by human error or flagrant violations of safety, security or other operating procedures;
* Evidence of illegal substance use, possession, sale, or delivery while on duty and/or possession of drug paraphernalia;
* Information provided by either a reliable or credible source independently corroborated or having corroborative evidence from a supervisor

***Please check all that apply:***

**PHYSICAL**

**Walking:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Holding onto wall or other stable objects
 | * Stumbling
 | * Falling
 | * Unable to walk
 |
| * Unsteady
 | * Staggering
 | * Swaying
 |  |
| * Normal
 |
| * Other (describe)
 |

**Standing:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Swaying
 | * Feet wide apart
 | * Unable to stand
 | * Rigid
 |
| * Staggering
 | * Sagging at knees
 | * Dizziness
 | * Normal
 |
| * Other (describe)
 |

**Movements:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Fumbling
 | * Jerky
 | * Nervous
 | * Slow
 |
| * Normal
 | * Hyperactive
 | * Reduced reaction time
 | * Not following tasks
 |
| * Diminished coordination
 | * Tremors
 | * Normal
 |  |
| * Other (describe)
 |

**Eyes:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Bloodshot
 | * Watery
 | * Droopy
 | * Glassy
 |
| * Closed
 | * Dilated/Constricted Pupils
 | * Normal
 |  |
| * Other (describe)
 |

**Face:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Flushed
 | * Pale
 | * Sweaty
 | * Normal
 |
| * Other (describe)
 |

**Breath:**

|  |  |  |  |
| --- | --- | --- | --- |
| * No alcoholic odor
 | * Faint alcoholic odor
 | * Alcoholic odor
 | * Chemical odor
 |
| * Sweet/pungent tobacco odor
 | * Heavy use of breath spray
 | * Normal
 |  |
| * Other (describe)
 |

**Speech:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Whispering
 | * Slurred
 | * Shouting
 | * Incoherent
 |
| * Slobbering
 | * Silent
 | * Rambling
 | * Mute
 |
| * Slow
 | * Normal
 |  |  |
| * Other (describe)
 |

**Appearance:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Neat
 | * Unruly
 | * Messy
 | * Dirty
 |
| * Stains on clothing
 | * Marijuana Odor
 | * Partially dressed
 | * Bodily excrement stains
 |
| * Visible puncture marks or tracks
 | * Burnt rope smell on clothes, hair, body
 | * Excessive sweating in cool area
 | * Normal
 |
| * Other (describe)
 |

**BEHAVIORAL**

**Demeanor:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Cooperative
 | * Calm
 | * Talkative/Rapid Speech
 | * Polite
 |
| * Sarcastic
 | * Sleepy
 | * Crying
 | * Sleeping on job
 |
| * Argumentative
 | * Excited
 | * Withdrawn
 | * Mood swings
 |
| * Overreacts to minor things
 | * Excessive laughter
 | * Forgetful
 | * Normal
 |
| * Other (describe)
 |

**Actions:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Hostile
 | * Fighting
 | * Profanity
 | * Drowsy
 |
| * Threatening
 | * Erratic
 | * Hyperactive
 | * Calm
 |
| * Resisting communication
 | * Paranoid
 | * Possessing, using or distributing an illegal substance
 | * Baseless Panic
 |
| * Normal
 |  |  |  |
| * Other (describe)
 |

**Work Performance:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Abrupt changes in attendance
 | * Difficulty meeting deadlines
 | * Frequently absent from work area
 | * Calls in for time off at last minute
 |
| * Accidents
 | * Patterned absences
 | * Frequent violation of policies or procedures
 | * Withdrawal from responsibility
 |
| * Withdrawal from coworkers
 | * Erratic job performance
 | * Poor attention to detail
 | * Normal
 |
| * Other (describe)
 |

**Appetite:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Always munching on something
 | * Constantly chewing gum
 | * Frequently eating candy
 | * Popping mints often
 |
| * Other (describe)
 |

**Miscellaneous:**

|  |
| --- |
| * Employee admission to alcohol and/or drug use or possession
 |
| List witnesses to admission here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Presence of alcohol and/or drugs in employee’s possession or vicinity
 |

***Please describe what you observed*** *(please use back of form or additional pages if more space is needed):*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate the member of management who was witness to any of the events described or observed:***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name |  | Job Title |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Department |  | Phone Number |

**Based on observations set forth above, I have reason to believe that the employee named above is under the influence of drugs or alcohol in violation of university policy.**

|  |  |  |
| --- | --- | --- |
|   |  |  |
| Signature |  | Date |