



APPENDIX B

**Reasonable Cause/Suspicion
Observation Checklist
(Strictly Confidential)**

EMPLOYEE: _____ PERIOD OF EVALUATION: _____

SUPERVISOR #1, NAME AND TELEPHONE: _____

SUPERVISOR #2, NAME AND TELEPHONE: _____

This checklist is intended to assist a supervisor in referring a person for drug and/or alcohol testing. Has the employee manifested any of the following behaviors? Indicate (X) if observation and/or documentation exists.

A. QUALITY AND QUANTITY OF WORK

- | YES | NO | |
|------------|-----------|-----------------------------------------------------------------|
| ___ | ___ | 1. Clear refusal to do assigned tasks |
| ___ | ___ | 2. Significant increase in errors |
| ___ | ___ | 3. Repeated errors in spite of increased guidance |
| ___ | ___ | 4. Reduced quantity of work |
| ___ | ___ | 5. Inconsistent, "up and down" quantity/quality of work |
| ___ | ___ | 6. Behavior that disrupts workflow |
| ___ | ___ | 7. Procrastination on significant decisions or task |
| ___ | ___ | 8. More than usual supervision necessary |
| ___ | ___ | 9. Frequent, unsupported explanations for poor work performance |
| ___ | ___ | 10. Noticeable change in written or verbal communication |
| ___ | ___ | 11. Other (please specify) _____ |

B. INTERPERSONAL WORK RELATIONSHIPS

- | YES | NO | |
|------------|-----------|------------------------------------------------------------------------------|
| ___ | ___ | 1. Significant change in relations with co-workers, supervisors |
| ___ | ___ | 2. Frequent or intense arguments |
| ___ | ___ | 3. Verbal/Physical abusiveness |
| ___ | ___ | 4. Persistently withdrawn or less involved with people |
| ___ | ___ | 5. Intentional avoidance of supervisor |
| ___ | ___ | 6. Expressions of frustration or discontent |
| ___ | ___ | 7. Change in frequency or nature of complaints |
| ___ | ___ | 8. Complaints by co-workers or subordinates |
| ___ | ___ | 9. Cynical, "distrustful of human nature" comments |
| ___ | ___ | 10. Unusual sensitivity to advice or critique of work |
| ___ | ___ | 11. Unpredictable response to supervision |
| ___ | ___ | 12. Passive-aggressive attitude or behavior, doing things "behind your back" |



C. GENERAL JOB PERFORMANCE (cont.)

- | YES | NO | |
|-----|-----|--------------------------------------------------------------------------------------|
| ___ | ___ | 1. Excessive unauthorized absences-number in last 12 months |
| ___ | ___ | 2. Excessive authorized absences-number in last 12 months |
| ___ | ___ | 3. Excessive use of sick leave in last 12 months |
| ___ | ___ | 4. Frequent Monday/Friday absence or other pattern |
| ___ | ___ | 5. Frequent unexplained disappearances |
| ___ | ___ | 6. Excessive "extension" of breaks or lunch |
| ___ | ___ | 7. Frequently leaves work early-number of days per week or month |
| ___ | ___ | 8. Increased concern about (actual incidents) safety offenses involving the employee |
| ___ | ___ | 9. Experiences or causes job accidents |
| ___ | ___ | 10. Major change in duties or responsibilities |
| ___ | ___ | 11. Interferes with or ignores established procedures |
| ___ | ___ | 12. Inability to follow through on job performance recommendation |
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D. PERSONAL MATTERS

- | YES | NO | |
|-----|-----|------------------------------------------------------------------------------------|
| ___ | ___ | 1. Changes in or unusual personal appearance (dress, hygiene) |
| ___ | ___ | 2. Changes in or unusual speech (incoherent, stuttering, loud) |
| ___ | ___ | 3. Changes in or unusual physical mannerisms (gesture, posture) |
| ___ | ___ | 4. Changes in or unusual facial expressions |
| ___ | ___ | 5. Changes in or unusual level of activity-much reduced/increased |
| ___ | ___ | 6. Changes in or unusual topics of conversation |
| ___ | ___ | 7. Engages in detailed discussions about death, suicide, harming others |
| ___ | ___ | 8. Increasingly irritable or tearful |
| ___ | ___ | 9. Persistently boisterous or rambunctious |
| ___ | ___ | 10. Unpredictable or out-of-context displays of emotion |
| ___ | ___ | 11. Unusual fears or lacks appropriate caution |
| ___ | ___ | 12. Engages in detailed discussion about obtaining/using drugs/alcohol |
| ___ | ___ | 13. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws) |
| ___ | ___ | 14. Has received professional assistance for emotional or physical problems |
| ___ | ___ | 15. Makes unfounded accusations toward others, i.e., has feelings of persecution |
| ___ | ___ | 16. Secretive or furtive |
| ___ | ___ | 17. Memory problems (difficulty recalling instructions, data, past behaviors) |
| ___ | ___ | 18. Frequent colds, flu, excessive fatigue, or other illnesses |
| ___ | ___ | 19. Makes unreliable or false statements |
| ___ | ___ | 20. Unrealistic self-appraisal or grandiose statements |
| ___ | ___ | 21. Temper tantrums or angry outbursts |
| ___ | ___ | 22. Demanding, rigid, inflexible |
| ___ | ___ | 23. Major change in physical health |
| ___ | ___ | 24. Concerns about sexual behavior or sexual harassment |
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E. PHYSICAL INDICATORS (cont.)

- | YES | NO | |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1. Smell of alcohol on breath of person? |
| ___ | ___ | 2. Speech: Slurred? ___ |
| | | Confused? ___ |
| | | Fragmented? ___ |
| | | Slow? ___ |
| | | Unusually soft? ___ |
| | | Unusually loud? ___ |
| ___ | ___ | 3. Disorientation: Is employee confused about; |
| | | Where he or she is? ___ |
| | | What day it is? ___ |
| | | What time it is? ___ |
| ___ | ___ | 4. Apparent inability to focus on work? |
| ___ | ___ | 5. Unusual or unexplained resistance to authority or refusal to follow reasonable directions? |
| ___ | ___ | 6. Lack of motor coordination |
| ___ | ___ | 7. Mood: Belligerent? ___ |
| | | Moody? ___ |
| | | Ecstatic? ___ |
| | | More nervous than usual? ___ |
| | | Giddy? ___ |
| | | Talkative? ___ |
| | | Drowsy? ___ |
| ___ | ___ | 8. Skin color: Pale? ___ |
| | | Flushed? ___ |
| ___ | ___ | 9. Excessive perspiration? |
| ___ | ___ | 10. Excessive trips to the restroom? |
| ___ | ___ | 11. Bloodshot eyes? |
| ___ | ___ | 12. Dilated pupils? |
| ___ | ___ | 13. Pinpoint pupils? |
| ___ | ___ | 14. Traces of alcohol in containers? |
| ___ | ___ | 15. Confession by employee that he/she was drinking alcohol or ingesting drugs? |
| ___ | ___ | 16. Confirmation by other employees? |
| ___ | ___ | 17. Presence of substances with the appearance of drugs? |
| ___ | ___ | 18. Presence of drug paraphernalia? |
| ___ | ___ | 19. Smell of marijuana? |
| ___ | ___ | 20. Congregation of employees in remote areas of Atwell's facilities or in areas not usually frequented by employees? |
| ___ | ___ | 21. Weariness, fatigue, or exhaustion? |
| ___ | ___ | 22. Deteriorating physical appearance? |
| ___ | ___ | 23. Yawning excessively? |
| ___ | ___ | 24. Blank stare or expression? |
| ___ | ___ | 25. Sudden and/or unpredictable change in energy level? |
| ___ | ___ | 26. Unusually energetic? |
| ___ | ___ | 27. Shaking or trembling of hands? |
| ___ | ___ | 28. Sunglasses worn at inappropriate times? |
| ___ | ___ | 29. Changes in appearance after lunch break? |
| ___ | ___ | 30. Breathing or swallowing difficulties? |
| ___ | ___ | 31. Unusual sneezing / nasal congestion? |
| ___ | ___ | 32. Needle marks on arms? |
| ___ | ___ | 33. Prolonged lunch hours? |
| ___ | ___ | 34. Tardiness? |



Other information/observations (Please be specific, attach additional sheet as needed).

Additional Comments:

SUPERVISOR #1 (print name)

SUPERVISOR #2 (print name)

SUPERVISOR #1 (Signature) DATE

SUPERVISOR #2 (Signature) DATE