**SOBRIETY/COORDINATION**

**OBSERVATION CHECKLIST**

The list below can be used to record any observations at a specific time which may be linked to alcohol or drug use. However, it should be noted that these observations could be symptoms of other issues and should not automatically be construed as alcohol or drug use.

|  |  |
| --- | --- |
| **EMPLOYEE DETAILS** | |
| Name: |  |
| Post: |  |
| Service Area: |  |
| Work Location: |  |

|  |  |
| --- | --- |
| **OBSERVATION DETAILS:** | |
| Date: |  |
| Time: |  |
| Location: |  |
| Trigger: |  |

|  |  |
| --- | --- |
| **CHECKLIST: *(circle any descriptions that apply)*** | |
| **WALKING** | Stumbling Staggering Falling  Holding On Clumsy Swaying  Unsteady Unable to walk Uncoordinated |
| **STANDING** | Swaying Rigid Unable to stand  Feed Wide Apart Staggering Sagging at knees |
| **SPEECH** | Shouting Silent Whispering  Slow Mute Slurred  Silly Talkative Nonsensical  Loud Rambling Cursing |
| **FACE** | Flushed Pale Sweaty |
| **APPEARANCE/**  **CLOTHING** | Unruly Messy Dirty  Partially Dressed Dishevelled Unkempt  Stained Clothing Neat Body Odour |
| **BREATH** | Smell of Alcohol Smell of Marijuana/other substance |

|  |  |
| --- | --- |
| **DEMEANOUR** | Cooperative Polite Calm  Crying Silent Excited  Fighting Belligerent Hostile  Distracted Moody Depressed  Agitated Anxious Restless  Lethargic Withdrawn Irritable  Sleepy Sarcastic Unresponsive |
| **ACTIONS** | Uncommunicative Fighting Threatening  Calm Drowsy Blank  Swearing Hyperactive Hostile  Erratic Paranoid Fidgety |
| **EYES** | Bloodshot Watery Glassy  Droopy Closed Blank  Constricted Pupils Dilated Pupils Teary |
| **MOVEMENTS** | Fumbling Jerky Slow  Normal Nervous Hyperactive  Tremors Shakes |
| **EATING/CHEWING** | Gum Sweets Mints  Mouthwash Breath Spray |
| **OTHER OBSERVATIONS** |  |

MANAGER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER OBSERVER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_