**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.

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| --- |
| **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 SwayingUnsteady Unable to walk Uncoordinated |
| **STANDING** | Swaying Rigid Unable to standFeed Wide Apart Staggering Sagging at knees |
| **SPEECH** | Shouting Silent WhisperingSlow Mute SlurredSilly Talkative NonsensicalLoud Rambling Cursing |
| **FACE** | Flushed Pale Sweaty |
| **APPEARANCE/****CLOTHING** | Unruly Messy DirtyPartially Dressed Dishevelled UnkemptStained Clothing Neat Body Odour |
| **BREATH** | Smell of Alcohol Smell of Marijuana/other substance |

|  |  |
| --- | --- |
| **DEMEANOUR** | Cooperative Polite CalmCrying Silent ExcitedFighting Belligerent HostileDistracted Moody DepressedAgitated Anxious RestlessLethargic Withdrawn IrritableSleepy Sarcastic Unresponsive |
| **ACTIONS** | Uncommunicative Fighting ThreateningCalm Drowsy BlankSwearing Hyperactive HostileErratic Paranoid Fidgety |
| **EYES** | Bloodshot Watery GlassyDroopy Closed BlankConstricted Pupils Dilated Pupils Teary |
| **MOVEMENTS** | Fumbling Jerky SlowNormal Nervous HyperactiveTremors Shakes |
| **EATING/CHEWING** | Gum Sweets MintsMouthwash Breath Spray |
| **OTHER OBSERVATIONS** |  |

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

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

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

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

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