Reasonable Consultation Checklist

PART 1: EMPLOYEE INFORMATION

Employee Name: _____

Employee Job Title: _____

Observation Date: _____ **Observation Time:** _____ **am/pm**

Location: _____

PART 2: OBSERVATIONS

Observations (Please check all that apply, and include descriptions of any *changes* in behavior.)

***Appearance*:**

☐ Normal ☐ Tremors/ Twitches ☐ Flushed or Pale ☐ Dilated Pupils
☐ Sleepy ☐ Sores/ Puncture Marks ☐ Heavy Eyelids ☐ Bloodshot eyes
☐ Disheveled ☐ Excessive Sweating ☐ Cleanliness ☐ Other (explain below)

Description/Notes: _____

Behavior/ Demeanor:

☐ Nervous ☐ Erratic ☐ Mood Swings ☐ Lethargic
☐ Irritable ☐ Paranoid ☐ Verbally/Physically Abusive ☐ Highly Excited
☐ Confusion/Inattentive ☐ Combative ☐ Fatigue/ Sleeping/ Drowsiness ☐ Other (explain below)

Description/Notes: _____

Motor Skills:

☐ Normal ☐ Swaying ☐ Falling ☐ Unbalanced ☐ Other (explain below)
☐ Unsteady ☐ Lack of Coordination ☐ Fidgety ☐ Stumbling

Description/Notes: _____

Speech:

☐ Normal ☐ Slurred ☐ Loud ☐ Other (explain below)
☐ Incoherent ☐ Exaggerated ☐ Talking Excessively

Description/Notes: _____

***Odor*:**

☐ Normal ☐ Smell of Alcohol ☐ Excessive Cologne
☐ Body Odor ☐ Smell of Marijuana ☐ Other (explain below)

Description/Notes: _____

OTHER OBSERVATIONS
(Observations not included above, unusual incidents, other supervisor concerns etc.)

_____

_____

_____

_____

_____

_____

_____

_____

Reporting Supervisor's name:_____

Reporting Supervisor's contact number:_____

Date of call:_____ Time of call:_____ am/pm

PART 3: ACTION PLAN

Place a **checkmark** next to the applicable action

____ Recommend the employee should be tested for reasonable suspicion

____ Do NOT recommend the employee should be tested for reasonable suspicion

____ Other_____

_____

_____

____ No further action at this time

_____ _____

Consultant Signature **Date**

For additional questions or concerns, please call (410) 458-8276