



OBSERVED BEHAVIOR/REASONABLE SUSPICION FORM

DIRECTIONS:

1. Fill out the form (Note: observations must be made directly by you).
2. Have second trained individual complete a separate form, when possible.
3. Contact Human Resources (HR) with questions when completing this form.
4. Submit completed form(s) and any additional documentation to HR for review by:
 - a. fax: (814) 355-8742 (or)
 - b. email: humanresources@centrecountypa.gov

Employee Observed: _____ Location: _____

Date: _____ Time Observed: From _____ To _____

OBSERVATION CHECKLIST

Check all that apply (Where "other" is checked, please describe)

WALKING

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Holding on | <input type="checkbox"/> Stumbling/Unsteady | <input type="checkbox"/> Unable to walk |
| <input type="checkbox"/> Staggering | <input type="checkbox"/> Falling | <input type="checkbox"/> Other: _____ |

STANDING

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Wide stance | <input type="checkbox"/> Staggering |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Sagging at knees | <input type="checkbox"/> Other: _____ |

SPEECH

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Whispering | <input type="checkbox"/> Slurred/Slow | <input type="checkbox"/> Shouting |
| <input type="checkbox"/> Incoherent/Rambling | <input type="checkbox"/> Silent/Mute | <input type="checkbox"/> Other: _____ |

EYES

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Watery/Glassy | <input type="checkbox"/> Droopy |
| <input type="checkbox"/> Dilated | <input type="checkbox"/> Closed | <input type="checkbox"/> Other: _____ |

FACE

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Flushed/Red | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty |
| <input type="checkbox"/> Slobbering | <input type="checkbox"/> Running Nose | <input type="checkbox"/> Other: _____ |

APPEARANCE

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Neat | <input type="checkbox"/> Messy/Sloppy | <input type="checkbox"/> Dirty/Heavily soiled |
| <input type="checkbox"/> Having odor | <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Other: _____ |

BREATH

- | | | |
|---|---|--|
| <input type="checkbox"/> Faint alcohol odor | <input type="checkbox"/> Alcohol odor | <input type="checkbox"/> Breath freshener (use of) |
| <input type="checkbox"/> Chemical odor | <input type="checkbox"/> Marijuana odor | <input type="checkbox"/> Other: _____ |

Employee Name: _____

Centre County Government
OBSERVED BEHAVIOR/REASONABLE SUSPICION FORM
(Page 2)

MOVEMENTS

- | | | |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fumbling | <input type="checkbox"/> Jerky | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Other: _____ |

DEMEANOR

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cooperative/Polite | <input type="checkbox"/> Excited/Talkative | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Sleepy/Asleep | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Silent |
| <input type="checkbox"/> Belligerent | <input type="checkbox"/> Inattentive | <input type="checkbox"/> Drowsy |
| <input type="checkbox"/> Resisting communication | <input type="checkbox"/> Mood changing | <input type="checkbox"/> Other: _____ |

ACTIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Profanity | <input type="checkbox"/> Hyperactive/Erratic |
| <input type="checkbox"/> Non-communicative | <input type="checkbox"/> Sleeping on the job | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Threatening | <input type="checkbox"/> Other: _____ |

OTHER OBSERVATIONS/COMMENTS: _____

ADDITIONAL FACTS: (If applicable)

- Presence of open alcoholic containers and/or drug in individual's possession or vicinity
- On the job misconduct by individual (specify) _____
- Individual admission concerning alcohol use and/or drug use or possession
- List of other witnesses to individual's conduct and summary of what was reported: _____

- Individual declined to comment, or individual's explanation of behavior: _____

To the best of my knowledge and belief, this report represents the appearance, behavior and/or conduct of the above named employee, observed by me and upon which I base my decision to require said employee to submit to reasonable cause alcohol and/or drug testing.

Above behavior witnessed by:

_____ Signature	_____ Date
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Employee Name: _____

Printed Name