

ALCOHOL AND DRUG INDICATOR CHECKLIST

Physical Signs or Conditions

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|--|---|---|
| <input type="checkbox"/> Weariness, exhaustion | <input type="checkbox"/> Flushed face | <input type="checkbox"/> Yellow/gray skin complexion |
| <input type="checkbox"/> Unusual cuts, bruises, rashes | <input type="checkbox"/> Facial itching | <input type="checkbox"/> Glassy/blood shot eyes |
| <input type="checkbox"/> Dilated or constricted eyes | <input type="checkbox"/> Eyelid tremors | <input type="checkbox"/> Marked reddening of eyelids |
| <input type="checkbox"/> Unusual effort to cover arms | <input type="checkbox"/> Sleepiness (nodding) | <input type="checkbox"/> Alcohol on breath |
| <input type="checkbox"/> Fresh puncture marks | <input type="checkbox"/> Blank stare | <input type="checkbox"/> Untidiness |
| <input type="checkbox"/> Yawning excessively | <input type="checkbox"/> Change in personal grooming habits | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Unsteady walk/poor coordination | <input type="checkbox"/> Unusual thirst | <input type="checkbox"/> Brittle hair and nails |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Extreme bad breath | <input type="checkbox"/> Receding gums |
| <input type="checkbox"/> Grinding teeth, dental problems | <input type="checkbox"/> Excessive use of nasal sprays | <input type="checkbox"/> Shakes, hand tremors |
| <input type="checkbox"/> Running nose | <input type="checkbox"/> Major weight gain or loss | <input type="checkbox"/> Strong use of perfumes or colognes |
| <input type="checkbox"/> Use of breath purifiers, such as gum or spray | <input type="checkbox"/> Sunglasses worn at inappropriate times | <input type="checkbox"/> Changes in appearance after lunch or break |

Mood

- | | |
|--|---|
| <input type="checkbox"/> Appears to be depressed or extremely anxious all the time | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Suspicious | <input type="checkbox"/> Complains about others |
| <input type="checkbox"/> Low frustration tolerance levels | <input type="checkbox"/> Over-reaction |
| <input type="checkbox"/> Mood changes after lunch or break | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Emotional unsteadiness (e.g., outbursts of crying) |

Actions

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|---|---|
| <input type="checkbox"/> Becomes a loner | <input type="checkbox"/> Withdrawn or improperly talkative |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Has exaggerated sense of self-importance |
| <input type="checkbox"/> Displays violent behavior | <input type="checkbox"/> Avoids talking with supervisor regarding work issues |
| <input type="checkbox"/> Spends excessive amount of time on the telephone | |

Absenteeism

- | | |
|---|--|
| <input type="checkbox"/> Frequent use of unscheduled vacation time | <input type="checkbox"/> Unauthorized leaves |
| <input type="checkbox"/> Requesting to leave work early for various reasons | <input type="checkbox"/> Long lunch hours |
| <input type="checkbox"/> Highly unlikely excuses for absences | <input type="checkbox"/> Frequent unreported absences, later explained as "emergencies" |
| <input type="checkbox"/> Acceleration of absenteeism & tardiness, especially on Mondays, Fridays, before & after holidays | <input type="checkbox"/> Unusually high incidence of colds, flu, upset stomach, headaches |
| <input type="checkbox"/> Leaving work area more than necessary (e.g., frequent trips to water fountain & bathroom) | <input type="checkbox"/> Unexplained disappearance from the job with difficulty in locating employee |

Accidents

- | | |
|---|--|
| <input type="checkbox"/> Taking of needless risks | <input type="checkbox"/> Disregard for the safety of others |
| <input type="checkbox"/> Higher than average accident rate on & off the job | <input type="checkbox"/> Damage to State property or equipment |

Work Patterns

- | | |
|--|--|
| <input type="checkbox"/> Inconsistency in quality of work | <input type="checkbox"/> High & low periods of productivity |
| <input type="checkbox"/> Mental slow down | <input type="checkbox"/> Complaints from customers |
| <input type="checkbox"/> Lapses in concentration | <input type="checkbox"/> Difficulty in recalling instructions |
| <input type="checkbox"/> Difficulty in remembering own mistakes | <input type="checkbox"/> Increased difficulty in handling complex situations |
| <input type="checkbox"/> Using more time to complete work, missing deadlines | <input type="checkbox"/> Wasting materials |
| <input type="checkbox"/> Poor judgment, more mistakes than usual, general carelessness | |

Relationships to Others on the Job

- | | |
|--|--|
| <input type="checkbox"/> Over-reaction to real or imagined criticism | <input type="checkbox"/> Avoidance & withdrawal from peers |
| <input type="checkbox"/> Wide swings in morale | <input type="checkbox"/> Complaints from co-workers |
| <input type="checkbox"/> Unrealistic resentments | <input type="checkbox"/> Borrowing money from fellow employees |
| <input type="checkbox"/> Complaints of problems at home, such as separation, divorce, child discipline | <input type="checkbox"/> Persistent job transfer requests |

Please note that these indicators may be caused by other conditions or circumstances. In most cases, it is suggested that a determination of reasonable suspicion be based on more than one indicator.