Checklist for Evaluation of Suspected Impairment

Suggested Checklist for Evaluation of Suspected Impairment
Prepared by the NCBON Workplace Taskforce (2005)

Employee Name: ___________________________ Department: ___________________________

Shift: ___________________ Time: ______________ Date: ___________________________

Brief Synopsis of Event:

______________________________________________________________________________

______________________________________________________________________________

Check witnessed events:

- Acted in manner endangering safety or self or others
- Was unusually and markedly irritable, resentful, or over reactive
- Acted or talked in irrational manner
- Showed marked swings of emotion or mood
- Appeared unusually sleepy or fell asleep
- Acted in an unusually loud, aggressive, or argumentative manner
- Threatened violence
- Appeared unusually withdrawn
- Unusually talkative and/or boisterous
- Unusually restless or pacing around
- Showed tremors or “shakes”
- Appeared confused or disoriented
- Fainted, passed out, had a sudden illness at work, or had convulsive seizure

- Had slurred or rambling speech
- Showed unsteady gait, loss of balance or other obvious coordination problem
- Pupillary size change and/or bloodshot eyes
- Change in handwriting
- Unintelligible documentation
- Suddenly had difficulty handling complex assignments and/or remembering work-related directions
- Odor or alcohol on breath
- Seen accessing automated dispensing systems when off duty
- Observed ingesting or injecting unknown substance
- Disappeared from work station frequently or for long periods of time without adequate explanation
- Disappears at work, takes break or visits restroom after accessing controlled substances

- Other:
Details of above checked events:

Explanation/comments made by employee:

Obtained Employee’s Written Statement: Yes ☐ No ☐
Request made for routine drug screening: Yes ☐ No ☐

The following drugs are typically not covered in a routine screening panel. From the list provided check those additional drugs for which the employee should be tested.

- ☐ Alcohol
- ☐ Butorphanol (Stadol ®)
- ☐ Dilaudid
- ☐ Fentanyl (e.g. Duragesic ®, Sublimase ®)
- ☐ Hydrocodone (e.g. Hycodan ®, Vicoprofen ®, Vicodin ®, Lorcet ®, Lortab ®, Tussionex ®)
- ☐ Ketamine (Ketolar ®)
- ☐ Meperidine (Demerol ®)
- ☐ Methadone (eg Methadose ®, Dolophine ®)
- ☐ Midazolam (Versed ®)
- ☐ Nalbuphine (Nubain ®)
- ☐ Oxycodone (e.g. Roxicodone ®, Oxydose ®, Oxycontin ®, Percocet ®, Tylox ®, Oxyprofen ®)
- ☐ Promethazine (e.g. Phenergan ®)
- ☐ Propofol (Diprovan ®)
- ☐ Propoxyphene (e.g. Darvon ®, Darvocet ®)
- ☐ Tramadol (Ultram ®, Ultracet ®)

Other:

Person and/or laboratory contacted for drug screening:
Date:__________ Time:__________ In Person: ☐ Telephone: ☐

Signature of Supervisor: _________________________________ Date:______ Time:______

Signature of Witness: _________________________________ Date:______ Time:______