

Appendix 5

**Supervisor Observation Form as
referenced in Guidelines #21 and #22**



ChoicePoint Supervisor Observation Form

Employee's Name:

Date, time, and place of observation:

After each category, check those terms that describe what you see/hear/smell regarding the above employee.

Walking	Stumbling	Staggering	Falling
	Holding On	Swaying	Unsteady
Standing	Swaying	Rigid	Unable to Walk
	Staggering	Sagging at Knees	Feet Wide Apart
Speech	Shouting	Silent	Slurred
	Rambling	Mute	Slow
	Incoherent	Whispering	Slobbering
Demeanor	Cooperative	Polite	Calm
	Crying	Silent	Talkative/Excited
	Sarcastic	Fighting	Sleepy
Eyes	Bloodshot	Watery	Dilated
	Droopy	Closed	Glassy
Face	Flushed	Pale	Sweaty
Appearance/Clothing	Unruly	Messy	Neat
	Stains on Clothes	Dirty	Having Odor
Breath	Alcoholic Odor	No Alcoholic Odor	
Movements	Fumbling	Jerky	Slow
	Nervous	Hyperactive	Normal
Actions	Drowsy	Profanity	Resisting Communications
	Hostile	Erratic	Calm
	Fighting	Threatening	Hyperactive
Eating/Chewing	Gum	Candy	Mints
	Other (identify, if possible)		

Other observations:

Supervisor making observation

Date

Time

Witness to any or all of the above observations

Date

Time