

COUNTY OF RIVERSIDE, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject:
ALCOHOL & DRUG ABUSE POLICY

Policy
Number
C-10

COUNTY OF RIVERSIDE HUMAN RESOURCES DEPARTMENT
4080 LEMON STREET, POST OFFICE BOX 1569
RIVERSIDE, CA 92501-1569
PHONE: (951) 955-3510 / FAX: (951) 955-3479 / Voice: (951) 955-5663 /
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ALCOHOL AND DRUG ABUSE OBSERVATION FORM
(Please Type or Print Using Ink)

I. SUPERVISOR INFORMATION

NAME: _____

CLASS TITLE: _____ DEPARTMENT: _____

WORK ADDRESS: _____ CITY/ZIP CODE: _____

PHONE: BUSINESS (____) _____ CELLULAR: _____

Person to contact if I cannot be reached: _____

Telephone number of contact person: (____) _____

II. EMPLOYEE INFORMATION

NAME: _____ HIRE DATE: ____/____/____

CLASS TITLE: _____ DEPARTMENT: _____

WORK ADDRESS: _____ CITY/ZIP CODE: _____

PHONE: BUSINESS (____) _____ CELLULAR: _____

III. GENERAL INFORMATION

Was employee on duty? YES ____ NO ____ UNKNOWN ____

Was employee on standby or on-call status? YES ____ NO ____ UNKNOWN ____

Did employee consume alcohol or illicit drugs while on duty? YES ____ NO ____ UNKNOWN ____

Did employee consume alcohol or illicit drugs while on County property? YES ____ NO ____ UNKNOWN ____

Did employee consume alcohol or illicit drugs while at a County work location? YES ____ NO ____ UNKNOWN ____

Was employee in possession of controlled substances while on duty? YES ____ NO ____ UNKNOWN ____

Was employee in possession of prescription drugs without a prescription while on duty?	YES _____ NO _____ UNKNOWN _____
Did employee manufacture prescription drugs or controlled substances while on duty?	YES _____ NO _____ UNKNOWN _____
Did employee sell, provide, distribute, or dispense prescriptions drugs or controlled substances to any other employee or other person while on duty?	YES _____ NO _____ UNKNOWN _____
Is employee authorized by law to manufacture, sell, provide, distribute, or dispense prescription drugs or controlled substances?	YES _____ NO _____ UNKNOWN _____
Did employee sell, provide, distribute, or dispense alcohol to other employee(s) while either employee was on duty?	YES _____ NO _____ UNKNOWN _____

IV. OBSERVATIONS

DATE OF OBSERVATION: ____/____/____

OBSERVATIONS LEADING TO SUSPICION OF IMPAIRMENT (Please be as specific as possible and include all pertinent names and incidents.)

V. DRUG IMPAIRMENT CHECKLIST

Has alcohol odor on breath —	Is overactive, overly excitable —	Is late or absent from work duties —
Has developed bulky muscles —	Is very talkative —	Has red, blood-shot eyes —
Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner —	Has small, constricted pupils —	Has extreme mood swings —
Behaves in an unpredictable manner; behaves erratically —	Shows recent increase in weight —	Has a slow respiration rate —
Looks sedated, sleepy, over relaxed; has droopy eyelids —	Is unaffected by affliction of physical injuries —	Has poor concentration, difficulty focusing —
Uses slurred speech —	Is recently always broke, without money —	Has marijuana odor on clothes, hair —
Appears disoriented, confused; seems “spaced out” —	Has large, dilated pupils —	Has excessive hunger or thirst —
Has impaired fine motor skills —	Shows slow, decreased reactions —	Lacks motivation —
Has fresh needle marks on body —	Seems paranoid; looks anxious —	Has runny nose —
Has scars or tracks over veins in inner arm —	Is frequently sniffing —	Is vomiting; has nausea, intestinal difficulty —
Shows dramatic weight loss —	Acts violently, aggressively —	Is nervous, agitated, fidgety (tapping feet, hands) —

SIGNATURE OF SUPERVISOR/OBSERVER

DATE