COUNTY OF RIVERSIDE, CALIFORNIA BOARD OF SUPERVISORS POLICY

	Policy
Subject:	Number
ALCOHOL & DRUG ABUSE POLICY	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 / TTY:711

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:

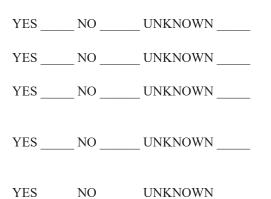
III. **GENERAL INFORMATION**

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	YES	NO	UNKNOWN
on duty?			
Did employee consume alcohol or illicit drugs while	YES	NO	UNKNOWN
on County property?			
Did employee consume alcohol or illicit drugs while	YES	NO	UNKNOWN
at a County work location?			
Was employee in possession of controlled substances	YES	NO	UNKNOWN
while on duty?			

Was employee in possession of prescription drugs without a prescription while on duty? Did employee manufacture prescription drugs or controlled substances while on duty? Did employee sell, provide, distribute, or dispense prescriptions drugs or controlled substances to any other employee or other person while on duty?

Is employee authorized by law to manufacture, sell, provide, distribute, or dispense prescription drugs or controlled substances?

Did employee sell, provide, distribute, or dispense alcohol to other employee(s) while either employee was on duty?



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