



City of Seattle FIT FOR DUTY BEHAVIOR OBSERVATION FORM

Employee Name (Last, First, MI) <u>JACKSON PAUL E</u>	Job Title <u>MANAGER</u>	Dept. <u>SDOT</u>
Observation Date: <u>8 FEB 13</u> Time (from <u>08:40</u> a.m./p.m. to <u>10:26</u> a.m./p.m.)	Is employee represented by a bargaining agreement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Observation: <u>4700 Airport Way S.</u>	If represented, has employee been given opportunity to contact union representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OBSERVATIONS (Additional pages or reports may be attached.)

1. Employee involved in an accident, injury, incident or exhibits behavior which causes a supervisor to question the employees ability to perform work with reasonable skill or safety. (Describe or see attached) behaviors change behavior talking to himself looking sideways driving slowly in
leaving the center lane of

2. Observed Behavior (Check all appropriate boxes and describe):

Speech: Slurred Whispering Difficult to Understand Other talking to himself

Balance: Falling Staggering Swaying Other _____

Walking & Turning: Arms Raised for Balance Falling Reaching for Support
 Stumbling Swaying Other drives back & forth

Awareness: Lack of Coordination Sleepy Other _____
 Overly Fearful Overly Nervous

Eyes: Clear Bloodshot Watery Other blurred Pupils: Dilated Constricted Other _____ Gaze: Focused Unfocused Other _____

3. Odor of Alcohol on Breath Yes No Marijuana odor on person Yes No

4. Is the Employee injured? Yes No If Yes, describe: _____

5. Other Observed Actions, Behavior or Physical Appearance: drives in a slow lane & unresponsive driver - excessive mistakes does not follow instructions verbal or written, puts body, talks to himself back & forth.

6. Presence of Drugs and/or Drug Paraphernalia (specify): N/A

7. Employee's Explanation (if given): drives slowly in the office, not sure to look in mirror

<u>[Signature]</u> Supervisor Name / Signature	<u>MANAGER</u> Title	<u>8 FEB 13</u> (Date)	<u>10:53</u> a.m./p.m. (Time)
<u>[Signature]</u> Witness / Signature	<u>Safety Health Spec</u> Title	<u>2/8/13</u> (Date)	<u>11:57</u> a.m./p.m. (Time)

Employee recommended for Fit for Duty examination:

Name/Title of Human Resource/Management Rep revised 6/15/98	Signature	Date / Time
--	-----------	-------------