Long Term Indicator Checklist

REASONABLE CAUSE OBSERVATION CHECKLIST

(STRICTLY CONFIDENTIAL)

EMPLOYEE: __________________________ PERIOD OF EVALUATION: _____________

SUPERVISOR #1, NAME AND TELEPHONE______________________________

SUPERVISOR #2, NAME AND TELEPHONE______________________________

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists.

A. QUALITY AND QUANTITY OF WORK

1. Clear refusal to do assigned tasks
2. Significant increase in errors
3. Repeated errors in spite of increased guidance
4. Reduced quantity of work
5. Inconsistent, “up and down” quantity or quality of work
6. Behavior that disrupts workflow
7. Procrastination on significant decisions or tasks
8. More than usual supervision necessary
9. Frequent, unsupported explanations for poor work performance
10. Noticeable change in written or verbal communication
11. Other (please specify) ________________________________

B. INTERPERSONAL WORK RELATIONSHIPS

1. Significant change in relation with co-workers, supervisors, others
2. Frequent or intense arguments
3. Verbal abusiveness
4. Physical abusiveness
5. Persistently withdrawn or less involved with people
6. Intentional avoidance of supervisor
7. Expressions of frustration or discontent
8. Change in frequency or nature of complaints
9. Complaints by co-workers or subordinates  
10. Cynical, "distrustful of human nature" comments  
11. Unusual sensitivity to advice or critique of work  
12. Unpredictable response to supervision  
13. Passive-aggressive attitude or behavior, doing things "behind your back"  

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**C. GENERAL JOB PERFORMANCE**  

__  1. Excessive unauthorized absences – number in last 12 months ________  
__  2. Excessive authorized absences – number in last 12 months ________  
__  3. Excessive use of sick leave – number in last 12 months ________  
__  4. Frequent Monday/Friday absence or other pattern  
__  5. Frequent unexplained disappearances  
__  6. Excessive "extension" of breaks or lunch  
__  7. Frequently leaves work early – number of days per week or month  
__  8. Increased concern or actual incidents of safety offenses involving employee  
__  9. Experiences or causes job accidents  
__  10. Major change in duties or responsibilities  
__  11. Interferes with or ignores established procedures  
__  12. Inability to follow through on job performance recommendation  

**D. PERSONAL MATTERS**  

__  1. Changes in or unusual personal appearances (dress, hygiene)  
__  2. Changes in or unusual speech (incoherent, stuttering, loud)  
__  3. Changes in or unusual physical mannerisms (gesture, posture)  
__  4. Changes in or unusual facial expressions  
__  5. Changes in or unusual level of activity – much reduced – or increased  
__  6. Changes in or unusual topics of conversation  
__  7. Engages in detailed discussions about death, suicide, or harming someone  
__  8. Increasingly irritable or tearful  
__  9. Persistently boisterous or rambunctious  
__  10. Unpredictable or out-of-context displays of emotion  
__  11. Unusual fears  
__  12. Lacks appropriate caution  
__  13. Engages in detailed discussion about obtaining or using drugs and/or alcohol  
__  14. Has personal relationship problems (spouse, girlfriend, children, in-laws)  
__  15. Has received professional assistance for emotions or physical problems  
__  16. Makes unfounded accusations toward others, has feelings of persecution  
__  17. Secrecive or furtive  
__  18. Memory problems (difficulty recalling instructions, data, past behaviors)  
__  19. Frequent colds, flu, or other illness  
__  20. Comes to work with alcohol on breath  
__  21. Excessive fatigue
22. Makes unreliable or false statements
23. Unrealistic self-appraisal or grandiose statements
24. Temper tantrums or angry outbursts
25. Demanding, rigid, inflexible
26. Major change in physical health
27. Concerns about sexual behavior or sexual harassment
28. Other information/observations.

(Be specific. Attach additional sheets as needed.)

Signature of Supervisor #1__________________________ Date/Time_____________________

Signature of Supervisor #2__________________________ Date/Time_____________________

Information provided by Global Safety Network, Inc.