APPENDIX B OBSERVATION CHECKLIST FOR REASONABLE SUSPICION DRUG TESTING

Complete this form in its entirety, sign and include with documents from the external drug testing service.

Name:		Dept:	
Date/Time:	Location of Incide	ent:	
Any single poor performagreat concern, but who warranted. Signs of sub-	mance or work habit behavior nen such performance or h bstance use in physicians ca o workplace behavior are the	or (unless extreme) is plabits occur in patterns n be different from those	robably not a cause for s intervention may be se in other professions
	a Medical Staff member in ource that has been independ		rug use provided by a
O	of anger/irritability/hostility		
☐ Appearing overwhel	•		
☐ Forgetfulness	inica		
☐ Flulike symptoms			
☐ Fatigue or appearan	ce of over-sedation		
☐ Bloodshot and/or wa			
☐ Consistently dilated			
☐ Alcohol detectable of	on breath or smell of burnt le	eaves	
☐ Tardiness/absenteeis	sm/frequent breaks		
☐ Missed appointment	s/deadlines		
☐ Unable to be contact	ted (ex. "broken pager")		
☐ Medical/charting err	rors		
\square Complaints from pa	tients, colleagues, superviso	rs	
☐ Rounding at variable	e times		
☐ Unexplained disappe	earances		
☐ Taking extra shifts (especially at night)		
☐ Missing/broken vials	S		
☐ Extra attention to pa	atients receiving abusable m	edications	
☐ Signing out increasing	ng amounts of narcotics or q	uantities inappropriate	for the given case
\square Failure to document	wastage/have wastage witne	essed	
☐ Pharmaceutical was	te analysis is out of standard	range	
Signature of Reviewer		Ē	Pate
Signature of 2 nd Observ		_)ate