

# Choice Diagnostics, Inc.

## Simplified Employee Screening

### REASONABLE CAUSE OBSERVATION LONG TERM INDICATOR CHECKLIST

#### REASONABLE CAUSE OBSERVATION CHECKLIST (STRICTLY CONFIDENTIAL)

EMPLOYEE: \_\_\_\_\_

DATE/TIME OF INCIDENT: \_\_\_\_\_

SUPERVISOR #1, \_\_\_\_\_  
NAME & TELEPHONE:

SUPERVISOR #2, \_\_\_\_\_  
NAME & 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

YES	NO	
_____	_____	Clear refusal to do assigned tasks
_____	_____	Significant increase in errors
_____	_____	Repeated errors in spite of increased guidance
_____	_____	Reduced quantity of work
_____	_____	Inconsistent, "up and down" quantity or quality of work
_____	_____	Behavior that disrupts work flow
_____	_____	Procrastination on significant decisions or tasks
_____	_____	More than usual supervision necessary
_____	_____	Frequent, unsupported explanations for poor work performance
_____	_____	Noticeable change in written or verbal communication
_____	_____	Other (please specify) _____

#### B. INTERPERSONAL WORK RELATIONSHIPS

YES	NO	
_____	_____	Significant changes in relationships with co-workers, supervisors, others
_____	_____	Frequent or intense arguments
_____	_____	Verbal abusiveness
_____	_____	Physical abusiveness
_____	_____	Persistently withdrawn or less involved with people
_____	_____	Intentional avoidance of supervisor
_____	_____	Expressions of frustration or discontent
_____	_____	Change in frequency or nature of complaints
_____	_____	Complaints by co-workers or subordinates
_____	_____	Cynical, "distrustful of human nature" comments
_____	_____	Unusual sensitivity to advice or critique of work
_____	_____	Unpredictable response to supervision
_____	_____	Passive-aggressive attitude or behavior, doing things "behind your back".

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### C. GENERAL JOB PERFORMANCE

YES	NO	
_____	_____	Excessive unauthorized absences – number in the last 12 months: _____
_____	_____	Excessive authorized absences – number in the last 12 months: _____
_____	_____	Excessive uses of sick leave – number in the last 12 months: _____
_____	_____	Frequent Monday/Friday absences or other pattern
_____	_____	Frequent unexplained disappearances
_____	_____	Excessive “extension” of breaks or lunch
_____	_____	Frequently leaves work early – number of days per week or month: _____
_____	_____	Increased concern about, or actual incidents of, safety offenses involving employees: _____
_____	_____	Experiences or causes job accidents
_____	_____	Major change in duties or responsibilities
_____	_____	Interferes with or ignores established procedures
_____	_____	Inability to follow through on job performance recommendations

### D. PERSONAL MATTERS

YES	NO	
_____	_____	Changes in or unusual personal appearances (dress, hygiene)
_____	_____	Changes in or unusual speech (incoherent, stuttering, loud)
_____	_____	Changes in or unusual physical mannerisms (gestures, posture)
_____	_____	Changes in or unusual facial expressions
_____	_____	Changes in or unusual level of activity – much reduced__ or increased __
_____	_____	Changes in or unusual topics of conversation
_____	_____	Engages in detailed discussions about suicide, death, or harming someone
_____	_____	Increasingly irritable or tearful
_____	_____	Persistently boisterous or rambunctious
_____	_____	Unpredictable or out-of-context displays of emotion
_____	_____	Unusual fears
_____	_____	Lacks appropriate caution
_____	_____	Engages in detailed discussions about obtaining or using drugs
_____	_____	Has personal relationship problems (spouse, girl/boyfriend, child, in-laws)
_____	_____	Has received professional assistance for emotions or physical problems
_____	_____	Makes unfounded accusations toward others, has feelings of persecution
_____	_____	Secretive or furtive
_____	_____	Memory problems (difficulty recalling instructions, data, past behavior)
_____	_____	Frequent colds, flu, or other illnesses
_____	_____	Excessive fatigue
_____	_____	Makes unreliable or false statements
_____	_____	Unrealistic self-appraisal or grandiose statements
_____	_____	Temper tantrums or angry outbursts
_____	_____	Demanding, rigid, inflexible
_____	_____	Major change in physical health
_____	_____	Concerns about sexual behavior or sexual harassment

\_\_\_\_\_  
SIGNATURE SUPERVISOR #1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE SUPERVISOR #2

\_\_\_\_\_  
DATE