

Observation checklist of objective signs of impairment or addiction in the workplace

Some of these signs (in red) require immediate preventive intervention to ensure the health and safety of the individual and the workplace. According to the risks related to the assigned duties or work situation, the presence of one or more of these signs may require the employee's immediate withdrawal from work.

Part 1 Objective signs of impairment at work (Possibly related to the use of alcohol or other drugs)

✓	PHYSICAL ASPECTS	✓	COGNITIVE ASPECTS	✓	BEHAVIOR
	Dilated pupils (e.g., hallucinogens or stimulants)		Difficulty understanding instructions		Slow movements
	Flushed or pale skin (e.g., amphetamines)		Apathy, lack of motivation		Fast or jerky movements
	Tight jaw (e.g., amphetamines)		Carelessness or hypervigilance		Speaking in an exaggerated way (loud voice, gesticulating, etc.)
	Dry, pasty mouth (e.g., cannabis)		Impaired judgment		Slow speech
	Tics		Difficulty concentrating, distracted		Slow, sluggish, nonchalant
	Red eyes (e.g., cannabis)		Confused speech and thought		Frequent noisy laughter
	Excessive sweating (e.g., stimulants)		Unusual difficulty focusing on tasks		Unusually passive and quiet
	Nose bleed (e.g., cocaine)		Focused on details		Rambling speech
	Convulsions (e.g., cocaine)		Auditory or visual hallucinations		Unsteady gait
	Extreme fatigue, sleepiness (e.g., cannabis or tranquilizers)		Paranoia, anxiety, panic attack		Unable to remain standing/must lie down
	Tremors (e.g., hallucinogens)		Loss of emotional control: extreme sadness or aggressiveness		Injures themselves or others
	Nausea/vomiting (e.g., cocaine)		Disoriented in time and space, including:		Lack of coordination
	Drowsiness (e.g., anti-anxiety drugs/sedatives)		<input type="checkbox"/> Location		Slow reaction time (e.g., cannabis)
	Very slow or very fast breathing		<input type="checkbox"/> Date		Overexcited, agitated, constantly moving
			<input type="checkbox"/> Time		Compulsive need to carry out a task
					Loss of control of behavior

We strongly suggest you read the user guide provided before using the checklist.

Part 2 Objective signs in the workplace of possibility of addiction to alcohol or other drugs

These signs indicate possible dependence, but may also be associated with other problems. For further details, see also parts 1 and 3 of the checklist.

✓	HEALTH (PHYSICAL AND MENTAL)
	Frequently complains about physical ailments (headache, stomach ache, etc.)
	Often sad, depressed
	Suicidal thoughts
	Deterioration of appearance or personal hygiene
	Great anxiety
	Trembling
	Several illness-related absences
	Nervousness, irritability
	Loss of short-term memory
	Diarrhea and vomiting
	Abdominal or muscle cramps
	Weight loss (e.g., amphetamines, stimulants)
	Insomnia
	Inappropriate euphoria
✓	SAFETY
	Frequent carelessness causing or almost causing accidents
	Frequent accidents
	Sloppy work
	Charged with impaired driving

✓	ATTENDANCE
	Frequent unauthorized or unjustified absences
	Frequent absences during work hours (often in the washroom, on the sidelines, etc.)
	Extended breaks
	Late arrivals and early departures
	Notable absences, particularly after paydays or days off

✓	PERFORMANCE
	Productivity / job performance suddenly or gradually increases or decreases
	Quality of work fluctuates
	Carelessness
	Errors of judgment
	Decreased attention and alertness
	Impaired memory (e.g., cannabis)
	Hides mistakes
	Easily tired
	Difficulty meeting deadlines

✓	WORK RELATIONSHIPS
	Irritability with colleagues, supervisor
	Inappropriate verbal or emotional reactions
	Isolation from colleagues/ avoidance of supervisors
	Lies or bizarre explanations to excuse behavior
	Discovery of errors or situations hidden by colleagues or supervisor
	Complaints and dissatisfaction of colleagues

Part 3 Observable signs directly related to substance use

	Observer witnesses use before entering or in the workplace
	Smell of alcohol
	Smell of cannabis (burnt hay)
	Worker reports using or addicted to one or more psychoactive substances
	One or more colleagues report recent use or use in the workplace
	Alcohol or other drugs seen: <input type="checkbox"/> On their person <input type="checkbox"/> In their locker <input type="checkbox"/> In their office <input type="checkbox"/> On the machinery they drive or operate
	Object(s) related to the consumption of drugs or alcohol seen: <input type="checkbox"/> On their person <input type="checkbox"/> In their locker <input type="checkbox"/> In their office <input type="checkbox"/> On the machinery they drive or operate
	Report of activities related to the sale or purchase of the substance in the workplace
	Comments by colleagues indicating consumption endangering the workplace
	Other observations directly related to psychotropic substances

Name of worker: _____

Observer: _____

Date of observation: _____

Employment at risk: Yes No

Comments and summary of objective observations

Part 1 - Impairment

Part 2 - Possibility of addiction

Part 3 - Signs directly related to substance use or addiction

Recommendations and actions: