

**New Jersey Department of Military and Veterans Affairs  
Drug Testing Policy for Direct Care Employees**

**Supervisor's Report Form**

Employee's Name		Supervisor's Name	
Employee's Job Title	Work Unit	Second Supervisor's Name	
Place/Location of Observation		Date & Time	
If there was an accident or incident give brief description			

**Attempt to conceal an object?**  Yes  No  N/A Explain: \_\_\_\_\_

**JOB PERFORMANCE:** Was employee performing his/her job at the time?  Yes  No  N/A  
How were duties impacted? : \_\_\_\_\_

**Employee's Observed Behavior:**

Nervous ( ) Poor memory ( )  
 Sleepy ( ) Exaggerated ( )  
 Confused ( ) Combative ( )  
 Excited ( ) Quarrelsome ( )  
 Fatigued ( ) Uncooperative ( )  
 Insulting ( ) Overly Talkative ( )  
 Unable to perform usual work tasks ( )

**Other Information or Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Unusual Employee Actions / Reactions:**

Sweating ( ) Slowed reactions ( )  
 Crying ( ) Tremors ( )  
 Fighting ( ) Quick moving ( )

\_\_\_\_\_  
 \_\_\_\_\_

**Employee's Speech:**

Slurred ( ) Slow ( )  
 Confused ( ) Thick ( )  
 Rambling ( ) Pressured ( )  
 Insulting/Vulgar ( )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee's Balance:**

Falling ( ) Staggering ( )  
 Unsure gait ( ) Needs support ( )  
 Stumbling ( ) Normal ( )

\_\_\_\_\_  
 \_\_\_\_\_

**Eye-witnesses / other employees involved:** \_\_\_\_\_

**Did you observe the employee:**  Interacting with a Client?  Operating Equipment or a Vehicle?  N/A

**Was the Client Interaction:**  Badgering  Too Loud  Inappropriate  N/A

Explain: \_\_\_\_\_

**Was the vehicle:**  Zig Zagging  On wrong side of the roadway  Lights not on  Excessive Speed  Too Slow  
 Left unattended while operating  Operator disobeying traffic rules  N/A  Other/ Explain: \_\_\_\_\_

**Was Equipment:**  Being improperly used  Not operated safely  Caused to be broken  Mishandled, not stored properly  
 Left unattended while operating  N/A  Other/ Explain: \_\_\_\_\_

**Other observations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete the reverse side of this form

## Supervisor's Report Form – Side 2

Union Representative Notified:  Yes  No      Union Telephone # : \_\_\_\_\_

Date/ Time / Name of Union Person Notified & Union Response: \_\_\_\_\_

Supervisory Action Taken: \_\_\_\_\_

Consequences to Employee: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

Supervisor's Signature	Date	Employee's Signature	Date
------------------------	------	----------------------	------

\_\_\_\_\_  
SUPERVISOR PRINT NAME

\_\_\_\_\_  
EMPLOYEE PRINT NAME

Witness' Signature	Date	2 <sup>nd</sup> Witness' Signature	Date
--------------------	------	------------------------------------	------

CEO's or Designee's Approval for Employee to Undergo Drug Testing (Print Name): \_\_\_\_\_

CEO's or Designee's Signature	Date
-------------------------------	------

CEO's Verbal Approval Obtained On (Date/Time): \_\_\_\_\_ By (Print Name): \_\_\_\_\_