

**Employee Observed Behavior  
Checklist**

*Note: Call Safety and Security Services Department (301-499-7000) and notify the Area Office ( Instructional Director and Associate Superintendent or Appropriate Director and Chief) for all threat levels (Low, Moderate or High/Imminent). This document must be prepared and signed within 24 hours of the observed behaviors, and sent to the Safety and Security Services Department.*

**Directions:** Administrator/Supervisor, please document your observations of the employee's behavior and indications on this form.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Observer: \_\_\_\_\_ Location of Observation: \_\_\_\_\_

**Description of the incident(s) that is of concern (should be consistent with observed behaviors below. Attached additional pages as needed):**

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**Check All the Apply**

**Low Risk Behaviors**

**Appearance:**

- Normal
- Messy
- Drowsy/Sleepy
- Bloodshot Eyes
- Flushed

**Behavior/Speech**

- Normal
- Changes in Volume
- Weepy

**Awareness**

- Normal
- Unauthorized/  
Frequent Breaks

**Motor Skills**

- Normal

**Moderate Risk**

**Appearance**

- Profuse Sweating
- Dilated/Constricted Pupils
- Runny Nose
- Puncture Marks
- Evidence of Cutting

**Behavior/Speech**

- Confused
- Unable to Concentrate
- Silent (uncharacteristically)
- Unreasonably Defiant
- Slowed speech

**Awareness**

- Paranoid
- Unexplained Mood Changes
- Lack of coordination

**Motor Skills**

- Staggering
- Swaying
- Stumbling
- Unable to Maintain Balance

**High Risk**

**Appearance**

- Tremors/Shaking
- Odor of Alcohol
- Odor of Marijuana

**Behavior/Speech**

- Incoherent
- Slurred Speech
- Aggressive Behaviors

**Awareness**

- Disoriented
- Agitated/Nervous
- Difficulty Maintaining Consciousness

**Motor Skills**

- Falling

**Thinking**

- Out of Touch with Reality
- Apparent Auditory or Visual Hallucinations
- Delusional (believing they have a mandate from God or superpowers)
- Doesn't know day, time, where they are etc.

Based on what occurred and/or the observed behaviors, this matter is:

- **Low Risk Threat:** A low risk threat is one in which it is determined that the individual/situation does not appear to pose a threat of serious harm to self/others, and any exhibited issues/concerns can be resolved easily. **A low risk threat may be handled through Corrective Action, as appropriate.**
- **Moderate Risk Threat:** A moderate risk threat is one in which the person/situation does not appear to pose a threat of serious harm to self/other, at this time, but exhibits behaviors that indicate a continuing intent and potential for future violence or serious harm to self/others; and/or exhibits other concerning behavior that requires intervention. **This level may require notification to Law Enforcement and/or Emergency Medical Services.**
- **High/Imminent Risk Threat:** A high/imminent risk threat is one in which the person/situation appears to pose an immediate threat of serious harm or violence to self or others, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan that requires containment and action to protect identified or identifiable target(s); and may also exhibit other concerning behavior that requires intervention. **This level requires notification to Law Enforcement and/or Emergency Medical Services.**

Administrator/Principal/Supervisor making observation: \_\_\_\_\_  
(signature and title)

Date: \_\_\_\_\_

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