Sample Tool

Reporting Suspected Impairment

1. BEHAVIOUR

☐ Nervous? ☐ Insulting? ☐ Sleepy?

☐ Exaggerated politeness? ☐ Confused? ☐ Combative?

☐ Excited? ☐ Quarrelsome? ☐ Fatigued?

☐ Uncooperative? ☐ Poor memory? ☐ Overly talkative?

☐ Other (please describe)?_____

_____

2. UNUSUAL ACTIONS

☐ Sweating? ☐ Slow reactions? ☐ Crying?

☐ Quick moving? ☐ Tremors? ☐ Fighting?

☐ Other (please describe)?_____

_____

3. SPEECH

☐ Slurred? ☐ Slow? ☐ Confused?

☐ Thick? ☐ Rambling? ☐ Pressured?

☐ Other (please describe)?_____

_____

4. BALANCE

☐ Falling? ☐ Staggering or unsteady gait? ☐ Unsure?

☐ Needs support? ☐ Stumbling? ☐ Normal?

☐ Other (please describe)?_____

_____

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5. DESCRIPTION AND SIGNATURES

Description of Incident or Concern and Those Involved: _____

_____

_____

_____

_____

Reporting Employee Name: _____

Date of Incident or Concern:_____

Witness/Other Employees Involved: _____

Supervisor Name: _____

Signature:_____ Date: _____

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