OBJECTIVE SIGNS OF IMPAIRMENT

Balance/Walking

☐ Normal ☐ Staggering ☐ Swaying ☐ Stumbling

Speech

☐ Unusually slow ☐ Unusually fast ☐ Angry

☐ Other: _____

Appearance

☐ Normal ☐ Dilated pupils ☐ Sunglasses worn indoors ☐ Red eyes

☐ Dry mouth ☐ Shortness of breath ☐ Runny nose/sniffling ☐ Sweating

☐ Crying ☐ Flushed face/pale ☐ Odor of alcohol ☐ Odor of marijuana

☐ Other: _____

Behavior

☐ Normal ☐ Sleepy ☐ Hostile ☐ Confused

☐ Moves slowly ☐ Involved in accidents ☐ Near miss of serious accident

☐ Wide mood swings ☐ Takes risks that endanger others ☐ Cannot control equipment

☐ Refuses to do assigned work ☐ Increased/repetitive errors

☐ Lack of concentration ☐ Waste of materials/damage to equipment

☐ Engages in arguments ☐ Verbal abusiveness ☐ Physical abusiveness

☐ Memory problems/losses ☐ Unexplained disappearances ☐ Long breaks or lunches

☐ Other: _____

Physical Evidence/Miscellaneous Observations

☐ Alcohol ☐ Drugs (suspected) ☐ Drug paraphernalia

_____ _____ _____

Employee Name Manager completing the form Date