

## IMPAIRMENT INVESTIGATION REPORT

Employee name:			
Date of incident:			
Description of actual or suspected incident:			
How did the person that initiated this investigation come to realize that the worker may be impaired?			
<input type="checkbox"/> Report from another worker <input type="checkbox"/> Observations by the supervisor <input type="checkbox"/> Other _____			
Who was the person who initiated this investigation? _____			
What is their roll with the company?			
<b>Has the worker admitted to taking any kind of drug or alcohol?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Details:	
<b>Behaviour</b>	<input type="checkbox"/> Nervous?	<input type="checkbox"/> Insulting?	<input type="checkbox"/> Sleepy?
	<input type="checkbox"/> Exaggerated Politeness?	<input type="checkbox"/> Confused?	<input type="checkbox"/> Combative?
	<input type="checkbox"/> Excited?	<input type="checkbox"/> Quarrelsome?	<input type="checkbox"/> Extreme fatigued?
	<input type="checkbox"/> Uncooperative?	<input type="checkbox"/> Poor memory?	<input type="checkbox"/> Overly talkative?
	<input type="checkbox"/> Happier than usual?	<input type="checkbox"/> Staring into space?	<input type="checkbox"/> Are they paranoid?

<b>Behaviour cont.</b>	Other (please specify)		
<b>Unusual Actions</b>	<input type="checkbox"/> Sweating?	<input type="checkbox"/> Slow reactions?	<input type="checkbox"/> Crying?
	<input type="checkbox"/> Quick moving?	<input type="checkbox"/> Tremors?	<input type="checkbox"/> Fighting?
	<input type="checkbox"/> Are they angry	<input type="checkbox"/> Are they talking about things that do not make any sense?	
	Other (please specify)		
<b>Speech</b>	<input type="checkbox"/> Slurred?	<input type="checkbox"/> Slow?	<input type="checkbox"/> Confused?
	<input type="checkbox"/> Thick?	<input type="checkbox"/> Rambling?	<input type="checkbox"/> Pressured?
	Other (please specify)		
<b>Balance</b>	<input type="checkbox"/> Falling?	<input type="checkbox"/> Staggering or unsteady on their feet?	<input type="checkbox"/> Unsure?
	<input type="checkbox"/> Needs support?	<input type="checkbox"/> Stumbling?	<input type="checkbox"/> Normal?
	Other (please specify)		
<b>Eyes &amp; Appearance</b>	<input type="checkbox"/> Eyes blood shot? <input type="checkbox"/> Are pupils Dilated? <input type="checkbox"/> Unsure? <input type="checkbox"/> Are they dressed differently, shirt hanging out, collar up? Other;		
<b>Sobriety Tests</b>	Line walk	Poor - <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Good	
	OLS	Poor - <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Good	
	Hand to nose	Poor - <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Good	

<p><b>Is extreme fatigue a factor in this person's possible impairment?</b></p>	<p><input type="checkbox"/> Yes - If yes, what are the details?</p> <p><input type="checkbox"/> No</p>
<p><b>Has the worker done something that would be considered as unsafe?</b></p>	<p>Details:</p>
<p><b>If impairment is evident, would this worker be a risk to themselves or others if allowed to continue working?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please describe:</p>
<p><b>If impairment has been determined, what would be the contributing factors that may have caused this person to get to this state?</b></p>	<p><input type="checkbox"/> Depression    <input type="checkbox"/> Anxiety and stress    <input type="checkbox"/> Grief</p> <p><input type="checkbox"/> life style    <input type="checkbox"/> pre-existing addictions    <input type="checkbox"/> family issues</p> <p><input type="checkbox"/> illness/ Medical    <input type="checkbox"/> worker not sure</p> <p>Other:</p>
<p><b>Witness / Other Employees Involved:</b></p>	<p>Name: _____ Position: _____</p> <p>Name: _____ Position: _____</p> <p>Name: _____ Position: _____</p>

<b>Supervisor Actions:</b>		
<b>What else is being done in this situation?</b>		
<b>Planned Follow-up:</b>		
<b>Signature of person conducting this report:</b>		<b>Date:</b>
<b>Who else has been notified of this situation?</b>		

**Notes:**
