**IMPAIRMENT INVESTIGATION REPORT**

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| Employee name: | | | |
| Date of incident: Date of this report: | | | |
| Name of report writer position: | | | |
| Description of actual or suspected incident: | | | |
| How did the person that initiated this investigation come to realize that the worker may be impaired?  🞎 Report from another worker  🞎 Observations by the supervisor  🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who was the person who initiated this investigation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is their role with the company? | | | |
| **Has the worker admitted to taking any kind of drug or alcohol?** | 🞎 Yes  🞎 No | Details: | |
| **Was there a smell?** | | | |
| * Odour of Alcohol/Solvents | | * Odour of drugs | |
| * Alcohol or drugs are found | | * Drug paraphernalia observed | |
| **Their Appearance?** | | | |
| * Blood shot eyes | | * Excessive sweating | |
| * Scratching/ nose wiping | | * Drooping/ heavy eyelids | |
| * Fixed stare or glassy eyes | | * Irregular breathing | |
| * Dilated pupils | | * Physical deterioration | |
| * Disheveled or untidy appearance | | * Shaking or tremors | |
| * Nothing out of the normal | | * other | |
| **Their Actions** | | | |
| * Slow/ lethargic movements | | * Slow reaction time | |
| * Unsteady on feet | | * Dizziness/ fainting | |
| * Swaying | | * Fatigue/ nodding off | |
| * Slurring works/ phrases | | * Excessive talking | |
| * Whispering | | * Slow / disjointed speech | |
| * Distracted/ lack of focus | | * Fidgety/ inability to sit still | |
| * Do they sound like themselves? | | * Are they having trouble putting words together to form sentences? | |
| * Do they exaggerate politeness? | | * Loud/ boisterous | |
| * Disoriented/ incoherent | | * Poor coordination | |
| * Stumbling | | * Repeated yawning | |
| * Nothing out of the normal | | * Other | |
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| **Demeanor or Mood** | | | |
| * Quiet or withdrawn | | * Seems depressed | |
| * Easily frustrated or impatient | | * Hyperactivity | |
| * Overconfident | | * Argumentative | |
| * Belligerent or confrontational | | * Confused | |
| * Mood swings | | * Indifference/ doesn’t care | |
| * Irritable / short tempered | | * Highly excited or nervous | |
| * Exhaustion/ low energy levels | | * Paranoid or evasive | |
| * Overreactions | | * Other | |
| * Nothing out of the normal | | * Other | |
| **Their Performance** | | | |
| * Showing a pattern of tardiness | | * Poor judgment/ decisions | |
| * Increased risk taking | | * Short term memory loss | |
| * Decreased work quality | | * Increased accident, incidents | |
| * Unexplained absences | | * Difficulty following instructions | |
| * Difficulty competing tasks | | * Decreased work quality | |
| * Frequent or prolonged absences | | * Slow reaction time | |
| * Nothing out of the normal | | * Other | |
| **Sobriety Tests** | Line walk Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - Good  Follow the pen Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - Good  Hand to nose Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 – Good | | |
| **Is extreme fatigue a factor in this person’s possible impairment?** | 🞎 Yes - If yes, what are the details?  🞎 No | | |
| **Has the worker done something that would be considered as unsafe?** | Details: | | |
| **Are there any other reports from workers or video that would support your suspicion of impairment?** | Details: | | |
| **If impairment is evident, would this worker be a risk to themselves or others if allowed to continue working?** | 🞎 Yes  🞎 No  If yes, please describe: | | |
| **If impairment has been determined, what would be the contributing factors that may have caused this person to get to this state?** | 🞎 Depression  🞎Anxiety and stress  🞎Grief  🞎 life style 🞎 pre-existing addictions 🞎 family issues  🞎 illness/ Medical 🞎 worker not sure  Other: | | |
| **Witness / Other Employees Involved:** | Name: Position:  Name: Position:  Name: Position: | | |
| **Supervisor Actions:** |  | | |
| **What else is being done in this situation?** |  | | |
| **Planned Follow-up:** |  | | |
| **Signature of person conducting this report:** |  | | Date: |
| **Who else has been notified of this situation?** |  | |  |

**Notes:**

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