**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
 |
|  |  |
| **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| * Quiet or withdrawn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 - GoodFollow the pen Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - GoodHand 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🞎 NoIf 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 sureOther: |
| **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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