

Condition of Employee Report

Name of Observed Employee: _____

Job Title: _____

Observation Date/Day of Week: _____ / _____

Time Relieved of Duty: _____

Location When Relieved of Duty: _____

APPEARANCE:

Glassy Eyes Yes ___ No ___
Blank Stare Yes ___ No ___
Bloodshot eyes Yes ___ No ___
Flushed face Yes ___ No ___
Alcohol smell Yes ___ No ___
Marijuana smell Yes ___ No ___
Altered appearance Yes ___ No ___

BEHAVIOR:

Slurred speech Yes ___ No ___
Confused speech Yes ___ No ___
Staggering Yes ___ No ___
Poor coordination Yes ___ No ___
Tremors/shakes Yes ___ No ___
Confused Yes ___ No ___
Disoriented Yes ___ No ___
Drowsiness Yes ___ No ___
Sleeping Yes ___ No ___
Hearing things Yes ___ No ___
Seeing things Yes ___ No ___
Blackouts Yes ___ No ___

MOOD:

Mood changes Yes ___ No ___
Isolated Yes ___ No ___
Nervousness Yes ___ No ___
Belligerent Yes ___ No ___
Aggressive Yes ___ No ___
Unusually quiet Yes ___ No ___
Unusually talkative Yes ___ No ___

OTHER: _____

Did employee provide reason(s) for his/her physical conditions? If so, provide reason(s):

Was employee directed to take a breath and urinalysis test? Yes ___ No ___
Did employee refuse to undergo the breath and urinalysis test? Yes ___ No ___
Was employee informed of the consequences for refusing the test? Yes ___ No ___

Name of supervisor: _____

Signature of supervisor: _____ Date: _____

Name of witness: _____

Signature of witness: _____ Date: _____

Employer: Complete and retain this form for your files.