**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?🞎 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: |
| **Behaviour****Behaviour cont.** | 🞎 Nervous? | 🞎 Insulting? | 🞎 Sleepy? |
| 🞎 Exaggerated Politeness? | 🞎 Confused? | 🞎 Combative? |
| 🞎 Excited? | 🞎 Quarrelsome? | 🞎 Extreme fatigued? |
| 🞎Uncooperative? | 🞎 Poor memory? | 🞎 Overly talkative? |
| 🞎 Happier than usual? | 🞎 Staring into space? | 🞎 Are they paranoid? |
| Other (please specify)Is their behaviour normal? Yes - No |
| **Unusual Actions** | 🞎 Sweating? | 🞎 Slow reactions? | 🞎 Crying? |
| 🞎 Quick moving? | 🞎 Tremors? | 🞎 Fighting? |
| 🞎 Are they angry | 🞎 Are they talking about things that do not make any sense? |
| 🞎 disappearing from the work area often | 🞎 Going to the washroom a lot? |
| Other (please specify) |
| **Speech** | 🞎 Slurred? | 🞎 Slow? | 🞎 Confused? |
| 🞎 Thick? | 🞎 Rambling? | 🞎 Pressured? |
| 🞎 Normal | 🞎 Not sure |  |
| Other (please specify) |
| **Balance** | 🞎 Falling? | 🞎 Staggering or unsteady on their feet? | 🞎 Unsure? |
| 🞎 Needs support? | 🞎 Stumbling? | 🞎 Normal? |
| Other (please specify) |
| **Eyes & Appearance** | 🞎 Eyes blood shot? 🞎 Are pupils Dilated? 🞎 Unsure?Have you tested the worker for **The Horizontal Gaze Nystagmus** if so, what was the result of that?🞎 normal 🞎 some jerking of the eyes 🞎 Jerking of the eyes🞎 Are they dressed differently, shirt hanging out, collar up?Other; |
| **Sobriety Tests** | Line walk Poor - 🞎 0 🞎 1 🞎 2 🞎 3 🞎 4 🞎 5 - GoodOLS 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:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |