

**OBJECTIVE SIGNS OF IMPAIRMENT****Balance/Walking**

- ☐ Normal      ☐ Staggering      ☐ Swaying      ☐ Stumbling

**Speech**

- ☐ Unusually slow      ☐ Unusually fast      ☐ Angry

☐ Other: \_\_\_\_\_

**Appearance**

- ☐ Normal      ☐ Dilated pupils      ☐ Sunglasses worn indoors      ☐ Red eyes  
☐ Dry mouth      ☐ Shortness of breath      ☐ Runny nose/sniffing      ☐ Sweating  
☐ Crying      ☐ Flushed face/pale      ☐ Odor of alcohol      ☐ Odor of marijuana

☐ Other: \_\_\_\_\_

**Behavior**

- ☐ Normal      ☐ Sleepy      ☐ Hostile      ☐ Confused  
☐ Moves slowly      ☐ Involved in accidents      ☐ Near miss of serious accident  
☐ Wide mood swings      ☐ Takes risks that endanger others      ☐ Cannot control equipment  
☐ Refuses to do assigned work      ☐ Increased/repetitive errors  
☐ Lack of concentration      ☐ Waste of materials/damage to equipment  
☐ Engages in arguments      ☐ Verbal abusiveness      ☐ Physical abusiveness  
☐ Memory problems/losses      ☐ Unexplained disappearances      ☐ Long breaks or lunches

☐ Other: \_\_\_\_\_

**Physical Evidence/Miscellaneous Observations**

- ☐ Alcohol      ☐ Drugs (suspected)      ☐ Drug paraphernalia

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Manager completing the form

\_\_\_\_\_  
Date