

**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