

Duke EOHW Impairment Checklist

Employee: _____ Date: _____
Supervisor/Manager: _____ Department: _____
Phone: _____

I. Supervisor's concern about employee's behavior: _____

II. Employee's behavior:

1. Does individual seem dazed, confused, or disoriented? Yes _____ No _____
2. Have you observed employee to have difficulty with movements, balance, or coordination (loss of balance, stumbling or staggering, jerky movements, lean on objects for balance)?
Yes _____ No _____
3. Is there a concern about the individual's speech, content of speech, pace of speech or slurring of words? Yes _____ No _____
Concern: _____
4. Is there any concern about physical appearance (eyes red or glassy, unkempt or unshaven)?
Yes _____ No _____
Concern: _____
5. Has individual been observed sleeping at work or dozing off? Yes _____ No _____
6. Have there been concerns/reports about this individual in regards to any unusual behavior today? Yes _____ No _____ Describe: _____

- 7.. Has this individual been involved in any work incident or accident today or in the past couple of days? Yes _____ No _____

III. Evidence of possible alcohol/drug use at work:

1. Is there odor of alcohol on individual's breath? Yes _____ No _____
2. Have you observed or discovered the individual to have any possession of alcohol, possession of other drugs, or drug paraphernalia today? Yes _____ No _____
3. Have you or anyone else witnessed this individual's use of alcohol or other drug today?
Yes _____ No _____ Witness: _____

IV. Other observations of possible impairment: _____

V. Employee given opportunity to use EOHW to assess impairment?
Employee Agreed _____ Employee Declined _____

VI. Signatures

Supervisor/Manager (documenting report)

Supervisor/Manager (witness, when available)