



## City of Roswell Drug & Alcohol Free Workplace Policy Observation of Possible Impairment Report

To use when behaviors are observed that may indicate an employee is impaired by use of alcohol or drugs. Both pages of this form should be completed separately by each observer and signed.

Name of Employee Observed:	
Department:	Location of Observation:
Date of Observation:	Time of Observation:

In each category below, **circle** all of the descriptions given that apply to the observed employee's behavior.

CATEGORY	DESCRIPTIONS					
<b>Demeanor:</b>	Normal	Agitated	Aggressive	Passive	Cooperative	
<b>Speech:</b>	Normal	Slurred	Loud	Quiet	Rambling	Incoherent
<b>Eyes:</b>	Normal	Bloodshot	Dilated	Closed	Moist	
<b>Breath:</b>	Normal	Alcohol Odor		Marijuana Odor		
<b>Coordination:</b>	Normal	Fumbling	Jerky	Slow Reacting		
<b>Actions:</b>	Normal	Talkative	Threatening	Calm	Erratic	Asleep
<b>Skin:</b>	Normal	Sweaty	Flushed	Pale	Clammy	
<b>Walking:</b>	Normal	Unsteady	Staggering	Slow		
<b>Standing:</b>	Normal	Swaying	Rigid	Feet Wide Apart		

Other behaviors which you have observed:

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