

**SUPERVISOR'S REPORT OF INTOXICATION**

### Employee Information

Employee \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Time \_\_\_\_\_

## Observations

Breath: (odor of alcoholic beverage)    ☐ Strong                      ☐ Faint  
   ☐ Moderate                      ☐ None

Eyes:                      ( ) Bloodshot                      ( ) Glassy                      ( ) Normal  
                                 ( ) Watery                      ( ) Heavy Eyelids                      ( ) Clear  
                                 ( ) Fixed Pupils                      ( ) Dilated Pupils

Speech:                    ( ) Confused                    ( ) Shuttered                    ( ) Accent  
                                 ( ) Slurred                    ( ) Mush Mouthed                    ( ) Good  
                                 ( ) Thick Tongued                    ( ) Mumbled                    ( ) Fair  
                                 ( ) Not                    ( ) Cotton Mouthed  
                                 Understandable  
                                 ( ) Other \_\_\_\_\_

Attitude:                    ( ) Excited                    ( ) Combative                    ( ) Cocky  
                                  ( ) Hilarious                    ( ) Indifferent                    ( ) Sleepy  
                                  ( ) Talkative                    ( ) Insulting                    ( ) Polite  
                                  ( ) Care Free                    ( ) Cooperative                    ( ) Profane  
                                  ( ) Other \_\_\_\_\_

Unusual Action:                    ( ) High Coughing                    ( ) Belching                    ( ) Crying  
    ( ) Laughing                    ( ) Vomiting                    ( ) Fighting  
    ( ) Other \_\_\_\_\_

Balance:                    ( ) Falling                    ( ) Needs Support    ( ) Wobbling  
                                  ( ) Swaying                    ( ) Other \_\_\_\_\_

Walking:                    ( ) Falling                    ( ) Staggering                    ( ) Stumbling  
                                  ( ) Swaying                    ( ) Other \_\_\_\_\_

Turning:                    ( ) Falling                    ( ) Staggering                    ( ) Swaying  
                                  ( ) Stumbling                    ( ) Hesitant  
                                  ( ) Other \_\_\_\_\_

Indicate any other unusual actions or statements: \_\_\_\_\_

Signs or complaints of illness or injury: \_\_\_\_\_

Signature of Supervisor

Date/Time