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 Understandable ( ) Cotton Mouthed
( ) 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 ________________________