

EMPLOYEE FITNESS FOR DUTY INITIAL OBSERVATION REPORT

Date of Incident: _____ Time of Incident: _____ Location: _____

Employee Name: _____ ID 93# (if known): _____

Department: _____ Job Title: _____

OBSERVATIONS: (Check all that apply):

BEHAVIORS	APPEARANCE	SPEECH
<input type="radio"/> Stumbling, unsteady gait	<input type="radio"/> Flushed complexion	<input type="radio"/> Slurred, thick
<input type="radio"/> Drowsy, sleepy, lethargic	<input type="radio"/> Sweating	<input type="radio"/> Incoherent
<input type="radio"/> Agitated, anxious, restless	<input type="radio"/> Cold, clammy sweats	<input type="radio"/> Exaggerated enunciation
<input type="radio"/> Irritable, moody	<input type="radio"/> Bloodshot eyes	<input type="radio"/> Loud, boisterous
<input type="radio"/> Hostile, belligerent	<input type="radio"/> Tearing, watery eyes	<input type="radio"/> Rapid, pressured
<input type="radio"/> Angry, shouting, threatening	<input type="radio"/> Dilated (large) pupils	<input type="radio"/> Excessively talkative
<input type="radio"/> Depressed, withdrawn	<input type="radio"/> Constricted (pinpoint) pupils	<input type="radio"/> Nonsensical, silly
<input type="radio"/> Unresponsive	<input type="radio"/> Unfocused, blank stare	<input type="radio"/> Cursing, inappropriate speech
<input type="radio"/> Clumsy, uncoordinated	<input type="radio"/> Disheveled clothing	
<input type="radio"/> Tremors, shakes	<input type="radio"/> Distinct smell	
<input type="radio"/> Vomiting		
<input type="radio"/> Suspicious, paranoid		
<input type="radio"/> Hyperactive, fidgety, distracted		
<input type="radio"/> Inappropriate, uninhibited behavior		
<input type="radio"/> Memory loss, confusion		
<input type="radio"/> Threatening to harm self or others		

Document other observations related to Fitness for Duty:

Ask employee to explain signs of observed behavior. Document the employee’s response:

Actions Taken (check all that apply):

- Relieved employee from duty
- Confirmed safe transportation plan
- Removed from worksite
- Informed employee of responsibilities to report

Supervisor Printed Name

Signature

Date