Employee Assistance Program

Incident/Performance Report

Use this form to record any incidents, work place performance or work place behavior problems. In situations where the circumstances are severe enough to warrant a post-accident or a for-cause drug test this document must be completed within 24 hours of the time the incident occurred and the testing was initiated.

Name of observed employee: ______________________________

Date: __________ Time: ________________ Job Site: ______________________

Name of Supervisor: ______________________________

Witness: ______________________________

Check all those indicators or cues observed in the work place.

Appearance

glassy eyes	yes ❑	no ❑
blank stare	yes ❑	no ❑
bloodshot eyes	yes ❑	no ❑
flushed face	yes ❑	no ❑
alcohol smell	yes ❑	no ❑
marijuana smell	yes ❑	no ❑
altered appearance	yes ❑	no ❑

Behavior

slurred speech	yes ❑	no ❑
confused speech	yes ❑	no ❑
staggering	yes ❑	no ❑
poor coordination	yes ❑	no ❑
tremors/shakes	yes ❑	no ❑

Mood

sudden mood changes	yes ❑	no ❑
isolating	yes ❑	no ❑
extreme nervousness	yes ❑	no ❑
belligerent	yes ❑	no ❑
aggressive	yes ❑	no ❑
unusually quiet	yes ❑	no ❑
unusually talkative	yes ❑	no ❑

Vigilance/Performance

confused	yes ❑	no ❑
disoriented	yes ❑	no ❑
drowsiness	yes ❑	no ❑
sleeping	yes ❑	no ❑
hearing things	yes ❑	no ❑
seeing things	yes ❑	no ❑
blackouts	yes ❑	no ❑

Respond to each of the questions below. If you answer "yes" to any question, explain your answer in the narrative portion of this form.

Did you see the employee in possession of alcohol or drugs in or on company property or while on company assignment?	yes ❑	no ❑
Did you see the employee use alcohol or drugs in or on company property or while on company assignment?	yes ❑	no ❑
Was the employee able to perform assigned duties?	yes ❑	no ❑
Was the employee involved in an accident?	yes ❑	no ❑
Did injuries requiring off-site medical treatment, beyond first aid, exist as a result of an accident?	yes ❑	no ❑
Did an accident cause damage in excess of $1,000?	yes ❑	no ❑

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(Form continued on next page)

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Describe the incident in detail: (Please only report factual information.)

If additional space is needed please use an additional page.

Please list all witnesses to the behavior or incident.

Did you discuss the incident and/or behavior with the employee? yes ❑ no ❑

Additional Remarks:

Signature of Employee ____________ Date ____________

Signature of Supervisor ____________ Date ____________

Signature of Witness ____________ Date ____________

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