

**EMPLOYEE FITNESS FOR DUTY
INITIAL OBSERVATION REPORT**

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

Employee Name: _____ Job Title: _____

OBSERVATIONS: (Check all that apply)

BEHAVIOR

- Stumbling, unsteady gait
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Irritable, moody
- Hostile, belligerent
- Angry, shouting, threatening
- Depressed, withdrawn
- Unresponsive
- Clumsy, uncoordinated
- Tremors, shakes
- Flu-like symptoms
- Suspicious, paranoid
- Hyperactive, fidgety, distracted
- Inappropriate, uninhibited behavior
- Memory loss, confusion
- Threatening to harm self or others

APPEARANCE

- Flushed complexion
- Sweating
- Cold, clammy, sweats
- Bloodshot eyes
- Tearing, watery eyes
- Dilated (large) pupils
- Constricted (pinpoint) pupils
- Unfocused, blank stare
- Disheveled clothing
- Distinct smell _____

SPEECH

- Slurred, thick
- Incoherent
- Exaggerated enunciation
- Loud, boisterous
- Rapid, pressured
- Excessively talkative
- Nonsensical, silly
- Cursing, inappropriate speech

Document other observations related to Fitness for Duty:

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

Check all that apply:

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

Supervisor's Printed Name

Signature

Date