

IMPAIRED BEHAVIOR OBSERVATION REPORT

When requesting a Performance Impairment/Accident Exam, this form must be completed and attached to Form-0087 – Consent to Drug Testing. Please describe the behavior or reported behavior that causes you to suspect _____ is impaired.

worker name

Speech

Dexterity

Standing/
Walking

Judgement/
Decision
Making

Appearance
(eyes,
clothing, etc.)

Date _____

SUPERVISOR

WITNESS

(Use reverse side if additional space is required to record behaviors in areas outlined above.)