ACUTE IMPAIRMENT FITNESS FOR DUTY CHECKLIST

A supervisor should complete this form when an employee exhibits signs of impairment at work.

* Fill in appropriate observations and information below.
* Provide a copy of this document to the employee before he or she leaves the work site. If this is not possible, mail a copy to the employee as soon as possible.
* Take reasonable steps to assure the safety of all employees, including the impaired employee. Accompany the employee to the Health Center or, in the event of emergency circumstances, call 911 on campus and request assistance. If the employee is violent, verbally abusive or otherwise threatening, do not attempt to physically restrain the employee or interfere with his free movement in any way.

Date and Time of Incident:________________________________________________________

Location:_____________________________________________________________________________________

I. Check all applicable indicators for Emergency Referrals:

___ Drowsiness or sleepiness    ___ Uncharacteristic aggressive behavior
___ Odor of alcohol on breath    ___ Unexplained work errors
___ Inability to concentrate or lack of attention ___ Lack of manual dexterity
___ Slurred, incoherent speech    ___ Unexplained work-related accident or injury
___ Lack of coordination in walking ___ Unexplained changes in mood

II. The behaviors described below caused me to be concerned about the safety and well-being of yourself and/or others in the office:

I am referring you on _________________(date) at____________(time) to the University Health Center for an immediate (alcohol/drug/general) fitness for duty examination.

You may or may not be subject to disciplinary action as a result of your actions described above, but you are not currently being disciplined.

BEFORE YOU MAY RETURN TO WORK, YOU MUST OBTAIN A CERTIFICATION FROM THE UNIVERSITY HEALTH CENTER THAT YOU ARE FIT TO PERFORM YOUR DUTIES.

Signature of Supervisor:_______________________________________________
Printed Name of Supervisor:____________________________________________
Title (if applicable):___________________________________________________
Name of Department/Unit:_____________________________________________
Date:______________________________________________________________

Signature of Witness (if applicable):_______________________________________
Printed Name of Witness (if applicable):____________________________________
Date:________________________________________________________________

January 11, 2012