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☐ Depressed, withdrawn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

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