

**DRUG- AND ALCOHOL-FREE WORKPLACE
INCIDENT REPORT**

(Please print)

Date of Incident: _____ Name of Observer: _____

Relationship to Employee: ___Coworker ___Supervisor ___Manager

___Other (Explain) _____

Employee's Name: _____

Job Title: _____

Department: _____

Supervisor: _____

Time Behavior Observed: _____ AM ___PM

Location Where Behavior Observed: _____

Other Witnesses: _____

Behavior Reported To: _____

Observations:

1. Behavior:

_____ Nervous	_____ Sleepy	_____ Confused
_____ Excited	_____ Fatigued	_____ Poor memory
_____ Insulting	_____ Combative	_____ Quarrelsome
_____ Uncooperative	_____ Overly talkative	_____ Sweating
_____ Exaggerated	_____ Crying	_____ Fighting
_____ politeness		
_____ Slow	_____ Tremors	_____ Quick moving
_____ reactions		

2. Speech:

_____ Slurred	_____ Slow	_____ Confused
_____ Thick	_____ Rambling	_____ Pressured

Supervisory action taken:

Consequences:

Follow up:
