INCIDENT REPORT FORM

This form is to be completed by the Supervisor as a guideline for the determination to order a drug and/or alcohol screen for an employee who is unfit for duty and probable cause exists to test, or an employee who has been involved in an accident/incident subject to drug/alcohol testing. Each Supervisor is to complete his/her own form.

Name of Employee: _____

Personnel Identification Number: _____

Classification: _____

Time of Evaluation: _____

Location: _____

Supervisory Personnel at Scene:

_____

Other: _____

I I. CIRCUMSTANCES OCCURING AT TIME OF EVALUATION

Check where applicable:

☐ Employee is reporting for duty:

Location/Time: _____

☐ Employee is on duty:

Location/Time: _____

Employee has been involved in the following:

☐ Fatal Accident

☐ Vehicle accident causing injury to employee, passengers, or third person requiring medical attention.

☐ Accident Causing significant or unusual property damage.

☐ Incident involving violation of company rules which poses safety threat to employees, passengers, or third persons.

Please give a brief description of the incident:

_____

II. OBSERVATIONS OF EMPLOYEE'S PHYSICAL CONDITION

Please check below any and all that apply

☐ Slurred Speech

☐ Confusion/disorientation

☐ Odor of alcohol on breath or person

☐ Unsteady gait or lack of balance

☐ Glassy eyes

☐ Rapid/continuous eye moment or inability to focus

☐ Drowsiness

☐ Inattentiveness

☐ Apparent intoxicated behavior (without the odor of alcohol or marijuana)

☐ Physical injury. (Location) _____

☐ Tremors or bodily shaking

☐ Poor Coordination

☐ Runny nose or sores around nostrils

☐ Very large or small pupils

☐ Slow or inappropriate reactions

Additional Comments or observations: _____

_____

III. OBESERVATIONS OF EMPLOYEE'S BEHAVIOR

Please check below any/all applicable behaviors and describe briefly in the space on the right side of the page:

☐ Inability to respond to questions or to respond correctly _____

☐ Complaints of racing or irregular heart beat _____

☐ Marked Irritability _____

☐ Aggressiveness (attempts at physical contact) _____

☐ Inappropriate laughter, crying, etc. _____

☐ Fainting or repeated loss of consciousness _____

☐ Improper job performance and/or violation of authority (Rules) _____

Additional comments or observations: _____

_____

_____

IV. ACTIVITY AT THE SCENE

Please check below any/all that apply:

☐ Employee was relieved from duty _____

☐ Employee was asked/ordered to remain at the scene _____

☐ Employee requested union representation _____

☐ Union official arrived at scene and talked with employee _____

☐ Employee was taken for medical treatment to: _____

☐ Fainting or repeated loss of consciousness _____

I V. **DETERMINATION OF REASONABLE SUSPICION**

Based on the above, I have determined that:

1. There is probable cause for requesting a drug/alcohol test:

_____

_____

2. The accident/incident requires a drug/alcohol test:

_____

_____

The appropriate test(s) was order by: _____

TRAINED INDIVIDUAL(S) WHO OBSERVED THE BEHAVIORS MUST SIGN THE FORM BELOW

*Signed: (1) _____

Date: _____

Time: _____

*Signed: (2) _____

Date: _____

Time: _____

* Trained Supervisors (SIU Representative when second supervisor not available)

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