

# Suspected Impairment Observation Form

## for Supervisors and Safety Managers

Identify and talk with any witnesses of the behavior or incident, including the employee, if appropriate. Document concrete facts that were directly observed, avoiding opinions, gossip and assumptions. Include details of any physical-, cognitive- or performance-based signs of impairment, if observed. Remember that these signs, symptoms and behaviors do not necessarily mean that someone is impaired. Avoid jumping to conclusions about why someone is acting differently.

**Employee Name and Position:** \_\_\_\_\_

**Manager Name and Position:** \_\_\_\_\_

**Observer Name and Position:** \_\_\_\_\_

**Date/Time of Incident/Observed Behavior:** \_\_\_\_\_

**Location of Incident/Observed Behavior:** \_\_\_\_\_

**Description of Incident/Observed Behavior:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witnesses to Incident/Observed Behavior:** \_\_\_\_\_

**Action Taken (if any):** \_\_\_\_\_

\_\_\_\_\_

**Is there any other factual information you feel is relevant to this situation?**

\_\_\_\_\_

\_\_\_\_\_

**Signature of person preparing report:** \_\_\_\_\_

**Printed name of person preparing report:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Check your company's policy for more information on how to respond to potential workplace impairment.**

Visit [nsc.org/ImpairmentTraining](https://www.nsc.org/ImpairmentTraining) to learn more