|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Information (Please Print) | | | | | | |
| Employee Name: | |  | | | Date: |  |
| Location: |  | | Time: |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Physical Indicators (check all that apply) | | | | | | | | | |
| **Appearance** | Appears Normal | | | | | | | | |
| Burns on person or clothing | | | Strong odor on person or clothing | | | | Bruises | |
| Dirty or stained clothing | | | Partially clothed | | | | Cuts | |
| Ripped or torn clothing | | | Sweaty | | | | Abrasion | |
| **Eyes** | Watery | Unfocused | | | Red or bloodshot | Glassy | | | Droopy eyelids |
| **Face** | Runny nose | | Dry mouth | | | | Slobbering | | |
| Bloated or puffy | | Grinding teeth | | | | Flushed | | |
| Notes: |  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Speech Indicators (check all that apply) | | | | |
|  | Appears Normal | | | |
| Slow | Profane language | Incoherent | |
| Silent | Rapid | Rambling | |
| Whispering | Thick or slurred | Repetitive | Shouting |
| Notes: |  | | | |

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| --- | --- | --- | --- | --- | --- |
| Behavioral Indicators (check all that apply) | | | | | |
|  | Appears Normal | | | | |
| Cooperative | Polite | Mood Swings | Fighting | Hyperactive |
| Drowsy | Crying | Silent | Erratic | Hostile |
| Talkative | Excited | Sarcastic | Threatening | Calm |
| Anxious | Disoriented | Inattentive | Non-communicative |  |
| Notes: |  | | | | |

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| --- | --- | --- | --- | --- |
| Performance Indicators (check all that apply) | | | | |
|  |  | | | |
|  | Appears Normal | | | |
| Swaying | Locked knees | Stumbling | Falling down |
| Rigid | Feet wide apart | Unsteady | Twitching |
| Unbalanced | Sagging at knees | Holding on | Stiff legged |
| Shaking | Bumping into things | Cannot hold things | Thrashed |
| Notes: |  | | | |

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| --- | --- | --- | --- |
| Signatures | | | |
| Supervisor Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |