

AP 420-1 Guidelines for Principals & Managers: Impairing Substances

Incident Report			
Employee Name:			
Date of Incident:			
Description of Incident:			
Behaviour	<input type="checkbox"/> Nervous?	<input type="checkbox"/> Insulting?	<input type="checkbox"/> Sleepy?
	<input type="checkbox"/> Exaggerated politeness?	<input type="checkbox"/> Confused?	<input type="checkbox"/> Combative?
	<input type="checkbox"/> Excited?	<input type="checkbox"/> Quarrelsome?	<input type="checkbox"/> Fatigued?
	<input type="checkbox"/> Uncooperative?	<input type="checkbox"/> Poor memory?	<input type="checkbox"/> Overly talkative?
	<input type="checkbox"/> Other (please describe)		
Unusual Actions	<input type="checkbox"/> Sweating?	<input type="checkbox"/> Slow reactions?	<input type="checkbox"/> Crying?
	<input type="checkbox"/> Quick moving?	<input type="checkbox"/> Tremors?	<input type="checkbox"/> Fighting?
	<input type="checkbox"/> Other (please describe)		
Speech	<input type="checkbox"/> Slurred?	<input type="checkbox"/> Slow?	<input type="checkbox"/> Confused?
	<input type="checkbox"/> Thick?	<input type="checkbox"/> Rambling?	<input type="checkbox"/> Pressured?
	<input type="checkbox"/> Other (please describe)		
Balance	<input type="checkbox"/> Staggering or unsteady gait?	<input type="checkbox"/> Falling?	<input type="checkbox"/> Unsure?
	<input type="checkbox"/> Needs support?	<input type="checkbox"/> Stumbling?	<input type="checkbox"/> Normal?
	Other (please describe)		
Witnesses/Other Employees Involved:			
Supervisor Actions:			
Consequence:			
Planned Follow-up:			
Signature:			
Date:			