



SLU EOHW Impairment Checklist

SAINT LOUIS
UNIVERSITY
— EST. 1818 —

Employee: _____
Supervisor/Manager: _____

Date: _____
Department: _____
Phone: _____

I. Supervisor's concern about employee's behavior: _____

II. Employee's behavior:

1. Does individual seem dazed, confused, or disoriented? Yes No
2. Have you observed employee to have difficulty with movements, balance, or coordination (loss of balance, stumbling or staggering, jerky movements, lean on objects for balance)?
Yes No

3. Is there a concern about the individual's speech, content of speech, pace of speech or slurring of words? Yes No

Concern: _____

4. Is there any concern about physical appearance (eyes red or glassy, unkempt or unshaven)?
Yes No

Concern: _____

5. Has individual been observed sleeping at work or dozing off? Yes No

6. Have there been concerns/reports about this individual in regards to any unusual behavior today? Yes No Describe: _____

- 7.. Has this individual been involved in any work incident or accident today or in the past couple of days? Yes No

III. Evidence of possible alcohol/drug use at work:

1. Is there odor of alcohol on individual's breath? Yes No
2. Have you observed or discovered the individual to have any possession of alcohol, possession of other drugs, or drug paraphernalia today? Yes No
3. Have you or anyone else witnessed this individual's use of alcohol or other drug today?
Yes No Witness: _____

IV. Other observations of possible impairment: _____

V. Employee given opportunity to use EOHW to assess impairment?

Employee Agreed _____ Employee Declined _____

VI. Signatures

Supervisor/Manager (documenting report)

Supervisor/Manager (witness, when available)