The University of Michigan Fitness for Duty Incident Checklist

When an employee exhibits signs of possible impairment at work, a supervisor must complete the following Incident Checklist:

Name: ____________________________  UMID: ____________________________

Date and Time of Incident: ________________  Location: ____________________________

Briefly describe incident:

________________________________________

Check all observations that apply.

- A pattern of one of the following behaviors:
  - [ ] Drowsiness or sleepiness
  - [ ] Inability to concentrate
  - [ ] Uncharacteristic aggressive behavior
  - [ ] Lack of coordination
  - [ ] Severe unexplained changes in mood or behavior
  - [ ] Other _______________

- And/OR

- An appearance of one of the following:
  - [ ] Odor of alcohol on the breath
  - [ ] Slurred, incoherent speech
  - [ ] Lack of manual dexterity
  - [ ] Unexplained accident or injury

Check below all that apply:

- [ ] Relieved employee from duty.
- [ ] Removed from worksite.
- [ ] Confirmed safe transportation plan, if necessary.
- [ ] Informed the employee of his or her responsibilities for returning to work.

Level of Impairment _____________________________
(See procedures document)

Completed by: ____________________________  ____________________________ (date)

Name of Witness ____________________________