



## Drug Use Incident Report

Employee Name:			
Date of Incident:			
Description if Incident:			
Behavior	<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?
	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?
	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?
	Other (please describe)?		
Balance	<input type="checkbox"/> Falling?	<input type="checkbox"/> Staggering or unsteady gate?	<input type="checkbox"/> Unsure?
	<input type="checkbox"/> Needs support?	<input type="checkbox"/> Stumbling?	<input type="checkbox"/> Normal?
	Other (please describe)?		
Witness / other employees involved:			
Manager/supervisor actions:			
Consequence:			
Planned follow-up:			
Signature:			
Date:			

Adapted from ACCA