

**Indicators of
Possible Impairment**

Name of Supervisor (printed): _____

Name of Employee (printed): _____ Employee ID # _____ - _____ - _____

Name of Witnes(es) (printed): _____

Time: _____ Date: _____ Location: _____

Please check all applicable items:

- | | |
|------------------------------------|--|
| Uncoordinated gait _____ | Poor perception of time and distance _____ |
| Thick, slurred speech _____ | Extremely nervous _____ |
| Poor motor coordination _____ | Unusually talkative _____ |
| Glassy eyed _____ | Profuse sweating _____ |
| Sleepiness and drowsiness _____ | Difficulty concentrating _____ |
| Disorientation or confusion _____ | Use of sunglasses at inappropriate times _____ |
| Blank stare appearance _____ | Staggering gait _____ |
| Dilated pupils _____ | Belligerence _____ |
| Constricted pupils _____ | Unable to perform <u>usual</u> routine tasks _____ |
| Flushed face, head or neck _____ | Odor of Alcohol _____ |
| Tremor of fingers and hands _____ | Odor of glue, paint solvent _____ |
| Muscle rigidity _____ | Odor of burnt rope _____ |
| Hearing and/or seeing things _____ | Other, explain below _____ |

Describe in detail the events which led to your reasonable suspicion that Wesley Woods Senior Living Substance Abuse Policy had been violated.

Name of Supervisor (Printed)

Signature of Supervisor / Date

Signature of any other management witness / Date

Please contact the Human Resources Department immediately at 404-728-6858 if you suspect a violation of the Substance Abuse Policy. Fax this form to their confidential fax **404-728-6214** or scan to traci.montgomery@wesleywoods.org.