



Fitness for Duty Checklist

Employee Name ID#

Div/ Sec Work location

Date Time

When there is a concern that an employee is unfit for duty, the supervisor or manager observing the behavior should complete the checklist below. When "Other" is checked, please provide a description. Give this form to the Medical Office/Fire Dept.

CHECKLIST

Walking: Holding on for stability Stumbling Unable to walk
 Unsteady Staggering Swaying
 Falling
 Other

Standing: Swaying Feet wide apart Unable to stand
 Rigid Staggering Sagging at the knee
 Other

Speech: Whispering Slurred Shouting
 Incoherent Slobbering Silent
 Rambling Slow
 Other

Demeanor: Cooperative Calm Talkative
 Polite Sarcastic Sleepy
 Crying Argumentative Excited/Nervous
 Other

Actions: Sleeping on the job Hostile Fighting
 Using profanity Threatening Hyperactive
 Erratic Resistant Jumpy
 Other

Eyes: Bloodshot Watery Drooping
 Dilated Glassy Nystagmus
 Other

Skin: Flushed Pale Sweaty
 Other

Appearance: Unkempt Stained Dirty

Clothing: Has odor Inappropriate for job

Other

Breath: Alcohol odor Faint Strong Marijuana odor

Other

Movements: Fumbling Jerky Slow Clumsy

Other

Additional: Alcohol and/or other drugs in employee's possession or vicinity

Employee admits to use or possession

Employee asks for help

Employee trying to avoid contact with supervisor or co-workers

On-the-job behavior by the employee (describe below)

List other witnesses to employee's conduct below, if any:

Other observations and documentation:

Supervisor's signature: _____

Date: _____

Witness signature (if possible) _____

Date: _____

RETURN TO THE MEDICAL OFFICE OR FIRE DEPT.