

Report: Employee suspected to have taken Intoxicating (banned) Substances

Name of employee: _____

Salary number : _____

Date : _____

Time : _____

Venue : _____

Result of breathalyzer test:

Positive : _____

Negative : _____

Employee refuses : _____

No equipment available : _____

Observations:

- Bloodshot eyes.....Yes/No
- Unsteady on feet.....Yes/No
- Aggressive and refusal to co-operate.....Yes/No
- Bad co-ordination (ask person to touch his nose.....Yes/No
- Bad balance control (ask person to walk on a straight line and/or stand on one leg with his eyes closed).....Yes/No
- In possession of intoxicating (banned) substances.....Yes/No
- Slurred speech.....Yes/No
- Signs of vomiting.....Yes/No
- Injection marks on skin.....Yes/No

Name of person making the observation : _____

Salary number : _____

Designation : _____

Signature : _____

Witness 1

I, _____ confirm the above observations.

Signature : _____

Witness 2

I, _____ confirm the above observations.

Signature : _____

Remarks by accused employee (voluntary)

