

Fit for Work Incident Report

This form is to be used as documentation in regards to an employee that is showing signs of impairment (regardless of cause). All actions should be handled with dignity, respect, empathy, and without judgement.

Note: It is not the responsibility of the manager or supervisor to diagnose or assume a disability of an employee. It is the responsibility of the manager or supervisor to determine if an employee is “Fit for Work” by observing changes in attendance, performance or behaviour and documenting accordingly.

Employee Name:		Date of Incident:	
Description of Incident:			
Behaviour	Nervous	Insulting	Sleepy
	Exaggerated politeness	Confused	Combative
	Excited	Quarrelsome	Fatigued
	Uncooperative	Poor memory	Overly talkative
	Other (please describe)		
Unusual Actions	Sweating	Slow reactions	Crying
	Quick moving	Tremors	Fighting
	Other (please describe)		
Speech	Slurred	Slow	Confused
	Thick	Rambling	Pressured
	Other (please describe)		
Balance	Falling	Staggering or unsteady gait	Unsure
	Needs support	Stumbling	Normal
	Other (please describe)		
Witness / Other Employees Involved:			
Supervisor Actions:			
Consequence:			
Planned Follow-up:			
Employee Signature:		Supervisor Signature:	
Date:			