

SAMPLE TOOL – REPORTING SUSPECTED IMPAIRMENT

Reporting Employee Name:			
Date of Incident or Concern:			
Description of Incident or Concern and those involved:			
Behaviour	<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 gait?	<input type="checkbox"/> Unsure?
	<input type="checkbox"/> Needs support?	<input type="checkbox"/> Stumbling?	<input type="checkbox"/> Normal?
	Other (please describe)?		
Witness / Other Employees Involved:			
Supervisor Actions:			
Signature:			
Date:			

Adapted from Atlantic Canada Council on Addiction (ACCA)

EXEMPLE D'OUTIL — SIGNALEMENT D'UN AFFAIBLISSEMENT SOUPÇONNÉ DES FACULTÉS

Nom de l'employé qui fait le signalement :

Date de l'incident ou de la préoccupation :

Description de l'incident ou de la préoccupation et des personnes concernées :

Comportement	<input type="checkbox"/> Nervosité?	<input type="checkbox"/> Insultant?	<input type="checkbox"/> Tendance au sommeil?
	<input type="checkbox"/> Courtoisie extrême?	<input type="checkbox"/> Confusion?	<input type="checkbox"/> Combativité?
	<input type="checkbox"/> Excité?	<input type="checkbox"/> Fébrilité?	<input type="checkbox"/> Fatigué?
	<input type="checkbox"/> Non coopératif?	<input type="checkbox"/> Troubles de la mémoire?	<input type="checkbox"/> Très volubile?
	Autre (veuillez préciser)?		
Gestes inhabituels	<input type="checkbox"/> Transpiration?	<input type="checkbox"/> Réactions lentes?	<input type="checkbox"/> Pleurs?
	<input type="checkbox"/> Gestes rapides?	<input type="checkbox"/> Tremblements?	<input type="checkbox"/> Combativité?
	Autre (veuillez préciser)?		
Allocution	<input type="checkbox"/> Mauvaise articulation?	<input type="checkbox"/> Lente?	<input type="checkbox"/> Confuse?
	<input type="checkbox"/> Épaisse?	<input type="checkbox"/> Peu sensée?	<input type="checkbox"/> Passionnée?
	Autre (veuillez préciser)		
Équilibre	<input type="checkbox"/> Chute?	<input type="checkbox"/> Démarche chancelante?	<input type="checkbox"/> Incertain?
	<input type="checkbox"/> Besoin d'appui?	<input type="checkbox"/> Trébuchements?	<input type="checkbox"/> Normal?
	Autre (veuillez préciser)?		
Témoin/Autres employés en cause :			
Mesures prises par le superviseur :			
Signature :			
Date			

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