

**The University of Texas Medical Branch at Galveston  
Qualifications for Duty Report  
Initial Impairment Observation Form**

Date/Time \_\_\_\_\_

Employee's Name \_\_\_\_\_ Location \_\_\_\_\_

Employee Number \_\_\_\_\_ Supervisor/Phone \_\_\_\_\_

**Please mark the following using a scale of 1-10. 1 being minimal and 10 being excessive.**

**ABILITY TO WALK**

\_\_\_ Unable to Walk                      \_\_\_ Staggering                      \_\_\_ Swaying

\_\_\_ Falling                                      \_\_\_ Using object for stability                      \_\_\_ Stationary

**ABILITY TO STAND**

\_\_\_ Rigid                                      \_\_\_ Unable to stand                      \_\_\_ Swaying

\_\_\_ Falling

**SPEECH**

\_\_\_ Slurred                                      \_\_\_ Incoherent                                      \_\_\_ Shouting

\_\_\_ Slobbering                                      \_\_\_ Hoarse                                      \_\_\_ Slow

**DEMEANOR**

\_\_\_ Irritable                                      \_\_\_ Calm                                      \_\_\_ Excited

\_\_\_ Indifferent                                      \_\_\_ Cooperative                                      \_\_\_ Hilarious

**ACTIONS**

\_\_\_ Resisting                                      \_\_\_ Threatening                                      \_\_\_ Punching

\_\_\_ Profanity

**EYES**

\_\_\_ Bloodshot                                      \_\_\_ Watery                                      \_\_\_ Glassy Eyes

**BREATH**

\_\_\_ Alcohol Odor    \_\_\_ None

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Two supervisors are required to complete separate reports. Please send the originals to Human Resources and a copy of both reports to the Director of the EAP. If additional comments are needed, please use the back of this form.

\_\_\_\_\_  
Supervisor

