

ALCOHOL/DRUG USE REPORT

Employee/Guest _____

Date _____

School Official _____

OBSERVATION/CONDUCT – Circle those that apply:

CLOTHING: Casual Business Attire Formal Neat Clean Disheveled
 Torn Wrinkled Uniformed Partially Clothed

FACE: Normal Flushed Pale

EYES: Normal Bloodshot Watery Red Eyelids Dilated Pupils Constricted Pupils

SPEECH: Good Slurred Mush Mouthed Thick Tongued Mumbled
 Confused Quiet Spoken Accent Talked To Self Silent
 Difficult To Understand

ODOR OF ALCOHOLIC BEVERAGE: Very Strong Strong Moderate Faint None

BALANCE: Good Fair Unsure Swaying Staggering Stumbling Falling
 Needed Support Other _____

ATTITUDE: Cooperative Uncooperative Talkative Polite Cocky Insulting Argumentative
 Profane Repetitive Upset Sarcastic Nervous Excited
 Carefree Indifferent Non-Sensical Combative Threatening Demanding
 Happy

UNUSUAL ACTIONS: None Fighting Crying Hysterical Laughing
 Other _____

COMMENTS: _____

I personally observed this person in the above-described state which I believe to be indicative of use of alcohol and/or drugs.

 Signature

 Date

Witnesses: _____

Adopted: 03/17/2003

Modified: 04/19/2021

Reviewed: 12/15/2025