

CHECKLIST FOR DETERMINING WHETHER THE EMPLOYEE IS UNDER THE INFLUENCE OF ALCOHOL

1. INTRODUCTION

- 1.1 The following checklist and procedure should be completed if it is suspected that the employee is under the influence of alcohol.
- 1.2 Please keep in mind that breathalysers are not the only method of determining if an employee is under the influence of alcohol.
- 1.3 If a breathalyser test is conducted, complete part A and B.
- 1.4 If a breathalyser test is not done, part B of the checklist must be completed.
- 1.5 If the employee refuses to take part in the breathalyser test, record must be kept of this fact in the space provided. Complete part B of the checklist.
- 1.6 When completing the checklist it is important to adhere to the company policy of the use of alcohol in the work place. (if applicable).

2. PROCEDURE

- 2.1 The checklist must be completed in the presence of one or more witnesses.
- 2.2 Ask the employee concerned if he/she requires representation. If the employee is a member of a recognised trade union, request the presence of the shop steward to assist the employee. Record the name of the representative.
- 2.3 Inform the employee and the representative (if applicable) that there is a suspicion that he/she is under the influence of alcohol.
- 2.4 Record the employee responses in the space provided.
- 2.5 Complete the checklist.
- 2.6 Ensure that all parties sign at the completion of the checklist and give the employee or his representative a copy here of.

PART B

OBSERVATION	YES	NO	COMMENTS
Are the employee's eyes red and/or swollen?			
Is the employee unsteady on his/her feet?			
Is the employee's behaviour erratic?			
Does the employee exhibit mood swings?			
Does the employee's breath smell of alcohol?			
Does the employee smell of alcohol?			
Is the employees speech slurred speech?			
Is the employee aggressive?			
Is the employee argumentative			
Does the employee deliver incoherent responses to questions posed?			
Is the employee's general appearance and attitude out of character?			

<p>I _____ confirm that I have completed the above checklist in the presence of the following witness: Witness number 1: Name _____ Witness number 2: Name _____ and that information contained above is true and correct to this best of my knowledge.</p> <p>SIGNED AT _____ ON THIS THE _____ DAY OF _____ 2018.</p> <p>_____ SIGNATURE</p>	<p>We/I, _____ _____, confirm that the above checklist was conducted in our/my presence and that information contained above is true and correct to this best of our/my knowledge.</p> <p>SIGNED AT _____ ON THIS _____ DAY OF _____ 2018.</p> <p>_____ SIGNATURE</p> <p>_____ SIGNATURE</p>
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As receipt of a copy hereof only:

If the employee refuses to sign a witness must sign attesting to this fact

EMPLOYEE

WITNESS

REPRESENTATIVE

DATE: _____

DATE: _____