

**IMPAIRED PERFORMANCE INCIDENT CHECKLIST  
CONFIDENTIAL**

**Instructions:** See [University Administrative Policy \(UAP\) 3270](#), Suspected Employee Impairment at Work for more information

**A. Assess the situation: Observations must be specific, multiple, and articulable to support a finding of impairment. A single observation is insufficient unless employee admits to being impaired or was directly observed by the supervisor using drugs or alcohol at, or prior to, work.**

If	Then	In addition
The <u>student</u> employee appears violent, verbally abusive, or otherwise threatening	Call 911 or UNMPD / 505-277-2241	Make reasonable efforts to protect yourself and others. Avoid physical confrontation.
The <u>student</u> employee appears to be having a medical emergency or requests immediate medical assistance	Call 911	The supervisor should have someone stay with the <u>student</u> employee until medical personnel arrive
Neither of the above; <u>student</u> employee to be impaired and is unfit for duty.	Follow procedure	See Section B. Procedures and Section C. Dialog with <u>student e</u> Employee.

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**B. Procedure**

Step	Action
1	Obtain a 2 <sup>nd</sup> observer (another manager or supervisor) and meet with the employee in a private area.
2	<b>Read the <i>italicized statements in Section CB below</i> to the <u>student</u> employee in a private setting. Complete the Impairment Checklist to record observed behavior of a <u>student</u> employee who is at work for which there is reasonable suspicion of impairment and is unfit for duty.</b>
<del>3</del>	<del>For reasonable suspicion of impairment due to substance use (including alcohol/pain medication or other legal drugs/illegal drugs), inform the employee that he/she may protest the supervisor's determination by seeking a drug and alcohol test.</del>
<del>34</del>	Discuss safe arrangements for the <u>student</u> employee to leave the work site, <del>or to obtain testing.</del> The <u>student</u> employee may contact someone for a ride home or the department may coordinate a taxi/ride service.
<del>45</del>	Provide a copy of the completed Impairment checklist before the <u>student</u> employee leaves the worksite. <ul style="list-style-type: none"> <li><del>• Review the return to work process.</del></li> <li>• Provide employee with phone number for <a href="#">Dean of Students Office CARS 505.272.6868.277.0370</a></li> </ul>

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	<ul style="list-style-type: none"><li>• <a href="#">Submit a Report a Student of Concern</a></li></ul> <p>If a copy of the Impairment Checklist cannot be provided immediately, provide a copy to the <a href="#">student</a> employee the following day via email and regular mail.</p>
56	<p>Contact the <del>appropriate Human Resources Office</del> <a href="#">Student Employment Office</a></p> <ul style="list-style-type: none"><li>• <del>Staff: Division of Human Resources HR Consultant 505-277-2013 or 505-277-6947.</del></li><li>• <a href="#">Main/Branch Campus Faculty: Office for Academic Personnel 505.277.4528/505.277.3511</a></li></ul>

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### C. Dialogue with Student Employee

**Introduction:** "I want to express my concern about your safety and well-being. I have observed the following behaviors that lead me to believe you may be impaired in some way." (Describe the observed behaviors and list in Section C under "Signs of Impairment")

**Transportation:** "Do you need immediate medical assistance?" (If so, call 911 as noted above.) For your safety and the safety of others, I want you to leave the work site as soon as possible. ~~I am placing you on Administrative Leave with Pay for the rest of the workday.~~ I want to make sure you have safe transportation home or to a medical facility. Is there a relative or friend ~~that~~ you can call to give you a ride? If not, would you be willing to pay for a ~~accept a~~ taxicab ride ~~reimbursed for by UNM to~~ your home or to a medical facility? ~~(If a taxi is called, advise the employee that he/she will need to obtain a receipt)~~ Please be advised that if you attempt to drive yourself, I will have to call Police."

**Protesting Observations:** If the employee appears to be impaired as are result of substance use (e.g. non-medical or non-psychological issues) "Because your impairment appears to be substance-related, you may contact the Student Health and Counseling center and/or the Dean of Students office to assist you". ~~protest my observations by obtaining a drug and alcohol test at the closest location on the listing I am providing you (located on attachments section of UAP 3270). If so, I will also have to provide you with an authorization form for the testing which you will need to take with you. (The supervisor can obtain this from the Division of Human Resources).~~ I will then arrange for a taxi to transport you to the designated testing facility (within 2 hours). ~~You must immediately proceed to the lab for testing for the results to be considered. The department will pay for the transportation to the testing facility but you will be responsible to arrange for transportation from the testing facility home. You must not drive.~~ **If the employee is transported by ambulance:** "If you are tested for drugs or illegal/legal substances in the emergency room, you may elect to make the results available to Employee and Occupational Health Services (EOHS) and, if conducted within eight hours of the designation of impairment, such test will be treated as the equivalent of a drug or alcohol test as listed above."

**Return to work:** "You are being asked to leave placed on Administrative Leave with Pay for the remainder the balance of the workday due to suspected impairment. Before you will be allowed to return to work, you will need to contact your hiring manager/supervisor to work out a plan to return to work". ~~have your physician complete and sign the Authorization to Use or Disclose Health Information Form that I am giving you (located on the attachments section of UAP 3270) and provide it to EOHS so they can certify you are medically able to return to work before you can return to work. You are expected to see your physician as soon as possible, preferably today, so that you may see EOHS as soon as possible, preferably tomorrow, regarding a release to return to work. I will complete Section 1 of that document before you leave today. EOHS may assist you in working with your health care provider to facilitate this process. You may contact EOHS at 505-272-8043. If you are unable to medically return tomorrow, it is your responsibility to call me tomorrow in accordance with department call-in procedure and your absence will be recorded with the appropriate leave. Paid administrative leave only covers the rest of this day. We will need to meet privately as soon as possible after you return to work to discuss this incident further."~~

**SHACCARS:** Also be aware that you can contact the Student Health and Counseling office Assistance and Referral Service (SHAC)GARS at 277-31362-6868 for confidential counseling or referral, if you desire."

**Closing:** "Before you leave today, we will be providing you a copy of this document outlining what we have discussed."

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**IMPAIRMENT CHECKLIST - STUDENT**

DOCUMENTATION OF OBSERVED BEHAVIOR FOR REASONABLE SUSPICION

a. Date and Time of Observation: \_\_\_\_\_ Location: \_\_\_\_\_  
 Signs of impairment due to alcohol/substances or medical/psychological issues (please check all that apply):

b. \_\_\_\_\_  
 c. \_\_\_\_\_

<b>WALKING</b>	<i>Stumbling</i>	<i>Staggering</i>	<i>Unable to Walk</i>	<i>Swaying</i>
	<i>Unsteady</i>	<i>Holding On</i>		
<b>STANDING</b>	<i>Swaying</i>	<i>Rigid</i>	<i>Unable to Stand</i>	<i>Feet Wide Apart</i>
	<i>Staggering</i>	<i>Sagging Knees</i>		
<b>SPEECH</b>	<i>Shouting</i>	<i>Silent</i>	<i>Whispering</i>	<i>Slow</i>
	<i>Rambling</i>	<i>Mute</i>	<i>Slurred</i>	<i>Slobbering</i>
	<i>Incoherent Speech</i>			
<b>DEMEANOR</b>	<i>Impolite</i>	<i>Uncooperative</i>	<i>Sleepy</i>	<i>Crying</i>
	<i>Silent</i>	<i>Talkative</i>	<i>Excited</i>	<i>Sarcastic</i>
	<i>Agitation</i>	<i>Irritability</i>	<i>Hostility</i>	<i>Argumentative</i>
	<i>Unruly</i>	<i>Fearful</i>		
<b>ACTIONS</b>	<i>Hostile Erratic</i>	<i>Fighting</i>	<i>Threatening</i>	<i>Drowsiness</i>
	<i>Hyperactive</i>	<i>Tremors</i>	<i>Profanity</i>	<i>Aggressive Behavior</i>
	<i>Resisting Communication</i>			
<b>MENTAL STATE</b>	<i>Obsessions</i>	<i>Hallucinations</i>	<i>Memory Loss</i>	<i>Delusions</i>
	<i>Disorientation</i>	<i>Poor Concentration</i>		
<b>EYES</b>	<i>Bloodshot</i>	<i>Watery</i>	<i>Dilated</i>	<i>Glassy</i>
	<i>Droopy</i>	<i>Closed</i>		
<b>FACE</b>	<i>Flushed</i>	<i>Pale</i>	<i>Sweaty</i>	
<b>APPEARANCE/ CLOTHING</b>	<i>Messy</i>	<i>Dirty</i>	<i>Neat</i>	<i>Having Odor</i>
	<i>Partially Dressed</i>			
<b>MOVEMENTS</b>	<i>Fumbling</i>	<i>Jerky</i>	<i>Slow</i>	<i>Normal</i>
	<i>Nervous</i>			
<b>EATING/ CHEWING</b>	<i>Gum</i>	<i>Candy</i>	<i>Mints</i>	<i>Other</i>
<b>PERFORMANCE</b>	<i>Acute Work Errors</i>	<i>Lack of Coordination in Movement</i>	<i>Lack of Performing Normal Tasks</i>	<i>Work Related Accident or Injury</i>
	<i>Diminished Capacity, Inability to Perform</i>			

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**Additional Information:** Provide description of observed behavior not captured in checklist above.

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**Third Party Assistance Utilized** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, action taken:

Called 911/UNMPD

Called Friend/relative

**Election to be Tested for Drugs/Alcohol**

Employee elected to be tested

Employee elected NOT to be tested

**Transportation**

Friend/relative provided ride \_\_\_\_\_ (name of individual)

Taxicab transported \_\_\_\_\_ (name of company)

Employee refused assistance with transportation and left on his/her own. UNMPD notified.

Time left \_\_\_\_\_ Transported to \_\_\_\_\_

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**D. Signatures**

**Observing Supervisor** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor Name and Title (print): \_\_\_\_\_

**2<sup>nd</sup> Observer** Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Observer Name and Title (print): \_\_\_\_\_

**Supervisor Instructions:**

1. Provide student employee a copy of the completed/signed Impairment checklist before the student employee leaves the worksite.
- a. Provide student employee a copy of University Administrative Policy 3270: Suspected Employee Impairment at Work and review Section 4. Employee's Return to Work.
2. \_\_\_\_\_
3. Contact Student Employment if you have further questions. 505.277.3511

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2. Provide employee with phone number for CARS 505.272.6868.
3. Contact the appropriate Human Resources Office immediately:
- a. Staff: Division of Human Resources HR Consultant 505-277-2013 or 505-277-6947
- b. Main/Branch Campus Faculty: Office for Academic Personnel 505-277-4528

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