REPORT ON INFLUENCE

Name:		
Dept:		
Date and time of examination:		
Are you familiar with the incumbent?	Yes	No

Appearance			
Eyes:	Clear	Bloodshot	
Pupils:	Dilated	Normal	
Perspiring:	Heavy	Slight	Nil
Dress:	Disheveled	Neat	
Complexion:	Flushed	Normal	
Smell of alcohol:	Strong	Slight	Nil
Co-ordination			
Walk:	Unsteady	Steady	
Reaction:	Exaggerated	Slow	Normal
Hand movement:	Unsteady	Steady	
Behavior			
Speech:	Normal	Slurred	
Demeanor:	Argumentative	Aggressive	Agitated
	Excitable	Talkative	

Breathalyzer test		
Does the incumbent agree to the test?	Yes	No
Was the test administered correctly?	Yes	No
What was the Alco meter reading?		
What Alco meter was used?		

Perceived conduct from Person compiling report on suspected intoxication.		
The incumbent:	is intoxicated	is not intoxicated
General		
I am	prepared	not prepared

To take responsibility for the incumbent's presence on these premises in terms of Regulations 12(1) & (2) and 13(1) & (2) of the Occupational Health and Safety Act, 1993

Date and time of examination: ……..

Name: ……
Signature: …… Co. No: ……