

Impaired Performance Report

Employee's Name:	
Dept/Division:	
Supervisor:	
Witness:	
Date:	

Date of Event:	
Time:	
Location:	
Brief Description of any physical and/or behavioral activities causing this report:	
Supervisor's Signature:	
Witness' Signature:	
Date:	

Employee's explanation, if any:
Employee's Signature:
Date: