

## **EMPLOYEE INTERVIEW RESULTS**

When did you last drink alcohol?

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What type of alcohol?

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How many drinks did you have?

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When did you last use drugs?

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What kind of drugs?

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What have you been doing the last 4 hours?

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Observations/indications of impairment:

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\_\_\_\_\_ I am allowing this employee to return to work today.

\_\_\_\_\_ I am directing this employee to take a drug and/or alcohol test and  
am not allowing this employee to return to work today.

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Supervisor's Signature

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Witness Signature