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Post-Incident A&D Testing Checklist (Canadian Model-Aligned)

Date of Observation:		Worker Name:	
Time of Observation:		Worker Position:	
Incident Location:		Company Name:	
Leader Name:		Leader Position:	

Instructions: The leader completes Part I, Part II, and Part III to determine whether reasonable cause exists to proceed with alcohol and drug testing. Assessment must be based on direct observation, objective facts, and reliable information, consistent with the Canadian Model.

Part I: Determining Reasonable Cause: Answer each question based on observed behaviour, reliable reports, and documented facts.

1. Observable Impairment
Has the employee demonstrated signs of impairment in appearance, behaviour, speech, coordination, or work performance? Examples include: slurred speech, unsteady movement, confusion, erratic behaviour, aggression, inability to follow instructions. ☐ Yes ☐ No **If Yes, record observations in Part II and Part III.**

2. Possible Drug or Alcohol Use
Is there reason to believe the impairment may be related to alcohol or drug use?
Examples include: odour of alcohol or cannabis, physical signs, paraphernalia, witness statements, admission of use.
☐ Yes ☐ No

3. Reliability of Information
Did you personally witness the behaviour, or is the information provided by a reliable witness with firsthand knowledge?
☐ Yes ☐ No

4. Objectivity and Plausibility
Are the observations and facts objective, plausible, and free from personal bias or assumptions?
☐ Yes ☐ No

5. Ability to Document Facts
Can the observations be documented with reasonable detail? Examples: dates, times, behaviours, witness names, location, sequence of events.
☐ Yes ☐ No

6. Timing of Impairment
Is the impairment current and observed while the employee is:
Reporting for duty, on duty, on company/client property, or within 8 hours of the observation?
☐ Yes ☐ No

Decision Threshold
If all answers above are Yes, proceed with Reasonable Cause Alcohol and Drug Testing.
If any answer is No, consult your HSE Manager or senior leadership before proceeding.

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Part II: Behavioural Observations

Appearance: Document specific, factual observations. Avoid assumptions or interpretations. Appearance Examples: glassy eyes, flushed face, sweating, disheveled appearance.

Notes:

Speech
Examples: slurred, rapid, incoherent, repetitive, unusually loud or quiet.

Notes

Movement / Coordination
Examples: stumbling, swaying, dropping objects, delayed reactions.

Notes

Behaviour
Examples: aggression, irritability, confusion, inappropriate laughter, withdrawal, unusual risk-taking

Notes

Work Performance
Examples: repeated errors, inability to complete tasks, ignoring instructions, unsafe actions.

Notes

Part III: Supporting Indicators

Check all that apply.

- ☐ Odour of alcohol
- ☐ Odour of cannabis
- ☐ Physical evidence (paraphernalia, containers, etc.)
- ☐ Admission of use
- ☐ Credible witness report
- ☐ Significant deviation from normal behaviour
- ☐ Unusual fatigue or drowsiness
- ☐ Inability to focus or follow directions
- ☐ Emotional instability (crying, anger, agitation)
- ☐ Other (describe):

Part IV: Determination and Next Steps

Testing Required?
Based on Parts I–III, reasonable cause exists to proceed with testing: ☐ Yes ☐ No
Reason(s) for Decision: *(Brief summary of key observations)*

Testing Timelines (Canadian Model)
Alcohol testing must occur within 8 hours of observation.Drug testing must occur within 32 hours of observation.
If timelines cannot be met, document the reason:

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Worker Rights and Fairness Confirmation

Before testing, confirm the following:

- Worker informed of reason for testing
- Worker given opportunity to disclose prescription/medical substances
- Worker treated respectfully and without accusation
- Worker provided transportation (not permitted to drive)
- Testing follows Canadian Model and client requirements

Leader Declaration	
I confirm this assessment was completed fairly, objectively, and in accordance with the Canadian Model.	
Name:	Signature:
Position:	Date:

Employee Agreement				
Employee agrees to test: ☐ Yes ☐ No	Employee Name:		Signature:	