###### **УТВЕРЖДАЮ**

**Генеральный Директор**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# «\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20\_\_г.

**АКТ**

**о подтверждении нахождения сотрудника (другого лица)**

**в состоянии алкогольного опьянения**

Дата, время составления акта:

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Место составления акта:

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Ф.И.О. и должность лица, заполнившего форму акта:

Ф.И.О. и должности других свидетелей, участвующих в составлении акта (не менее двух):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ф.И.О., должность и наименование отдела лица, на которого составлен акт:

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Причина составления акта **(**неадекватное поведение на работе, запах алкоголя при нахождении на работе, участие в проишествии,травма в рабочее или в нерабочее время на территории компании, в пути на транспортном средстве компании или при работе на оборудовании компании):

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Дата и время происшедшего:

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Место происшедшего:

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Подробное описание происшедшего (признаки, которые свидетельствуют о нахождении лица в нетрезвом состоянии, др.):

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Предложение о прохождении добровольного медицинского освидетельствования на наличие в организме алкоголя (кем было сделано, реакция лица на предложение):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Предложение о даче лицом объяснений по поводу происшедшего (кем было сделано, устные/письменные объяснения лица, отказ от дачи объяснений, др.):

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Меры, принятые непосредственно по обнаружении происшедшего (вызов сотрудников охраны, сотрудников милиции, выдворение с территории Компании, отстранение от работы, препровождение в медсанчасть, др.):

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В подтверждение того, что все упомянутые в настоящем акте события в действительности имели место в нашем присутствии мы, вышеупомянутые свидетели, подписываем настоящий акт.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

подпись Ф.И.О. и должность

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

подпись Ф.И.О. и должность

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

подпись Ф.И.О. и должность

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

подпись Ф.И.О. и должность

Отметка об ознакомлении с актом лица, на которого составлен акт :

"С актом ознакомлен":

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

подпись Ф.И.О. и должность

"С актом ознакомлен, но от подписи акта отказался":

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подписи свидетелей)

"Отказался от ознакомления с актом":

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подписи свидетелей)

**OFFICIAL RECORD (ACT)**

**to evidence employee’s (other person’s) state of intoxication**

Date and time of drawing up the Act:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of drawing up the Act:

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Full name and title of person completing the Act form:

Full name and title of other witnesses (at least two) involved in drawing up the Act:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Full name, title and Department of person the Act is about:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cause for drawing up the Act (misbehavior in the workplace; yielding the odor of alcohol while on duty; involvement in an incident; injury suffered on/off duty while on Company premises, while travelling on a Company conveyance or operating Company equipment):

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Date and time of incident:

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Scene of incident:

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Detailed description of incident (signs evidencing person’s state of intoxication etc.)

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Offer of a voluntary alcohol screen (who made it and what the response was);

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Request that person account for incident (who made it, oral/written account, refusal to account);

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Action taken direct upon identification of incident (calling Alpha or police; expelling offender from Company premises, barring from work, escorting to the Medical Clinic):

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In witness of all of the events mentioned in this Act having indeed occurred in our presence, we, the above-mentioned witnesses, sign this Act.

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signature (full name)

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signature (full name)

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signature (full name)

Note of familiarization with the Act of the person in question:

“Familiarized with the Act”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Full name)

“Familiarized with the Act,

but refused to sign”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures by witnesses (Full name)

“Refused to be familiarized with the Act”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures by witnesses (Full name)