

## Reasonable Suspicion (RS) Behavioral Interview\* and Observation Checklist

Date: \_\_\_\_\_

---

<i>Employee</i>	<i>Email</i>	<i>Phone</i>
<i>Leader</i>	<i>Email</i>	<i>Phone</i>
<i>Company</i>	<i>Department</i>	

What behaviors were observed that indicated that this caregiver may not be fit for duty? Use the Behavioral Observation Checklist below to identify the behaviors.

**Check any behaviors that were observed:**

- |   |  |
|---|--|
| <input type="checkbox"/> Unsteady gait or balance                         | <input type="checkbox"/> Thoughts grossly disorganized or bizarre        |
| <input type="checkbox"/> Attendance problems                              | <input type="checkbox"/> Unsafe or unprofessional conduct                |
| <input type="checkbox"/> Smell of alcohol                                 | <input type="checkbox"/> Uncontrollable crying                           |
| <input type="checkbox"/> Difficulty focusing eyes/staying awake and alert | <input type="checkbox"/> Trembling or shaking hands                      |
| <input type="checkbox"/> Slurred speech                                   | <input type="checkbox"/> Disheveled appearance                           |
| <input type="checkbox"/> Observation of drugs/alcohol while on the job    | <input type="checkbox"/> On the job accidents or injuries                |
| <input type="checkbox"/> Admitted misuse of prescribed medications        | <input type="checkbox"/> Increased withdrawal from peers/coworkers       |
| <input type="checkbox"/> Admitted use of drugs/alcohol on the job         | <input type="checkbox"/> Threats, indirect or direct, to self and others |
| <input type="checkbox"/> Markedly slow reaction time or hyperactivity     | <input type="checkbox"/> Difficulty with recall/memory                   |
| <input type="checkbox"/> Poor judgment/risk taking (recent change)        | <input type="checkbox"/> Other _____                                     |

Please provide additional information below regarding your concerns:(attach separate form if needed)

---

**Important considerations:**

Ensure that the employee is treated respectfully and confidentially.

Is the employee under constant supervision and safe, do they need to be taken to the emergency room?

Assist the employee in obtaining safe transportation to their home.

Continue to consult with the EAP as appropriate.

---

<i>Employee Name</i>	<i>Signature</i>	<i>Phone</i>
<i>Interviewer Name</i>	<i>Signature</i>	<i>Phone</i>

Give a copy of this form to the caregiver, HR, and fax a copy to the EAP 801-442-2300, or email to [EAP@imail.org](mailto:EAP@imail.org). \*This interviewer is not a mental health professional. As such, the responses represent observations only and should not be considered part of a medical conclusion or diagnosis.

7/30/2021