

DRUG & ALCOHOL SITE TESTING FORM

Donor Details

Reason for test: Pre-employment Random Post Incident For Cause Retest Blanket Other _____

Donor Notified & Consented Yes Collection Date ____/____/____ Notify & Consent Time _____ am/pm Initial (donor) _____

Site Address _____

Donor Family Name _____ Given Name _____ DOB ____/____/____

RIW Number _____ Medication Declared _____

ID Verified by Site ID Drivers Licence Responsible Manager Other ID No. _____

Verification of Doner ID _____

Print Name _____ Signature _____

Alcohol Test

Device used _____ Serial No _____ Calibration date ____/____/____

Initial reading recorded _____ g/120 L exhaled breath Date of reading ____/____/____ Time _____ am/pm

Confirmation reading recorded _____ g/120 L exhaled breath Date of reading ____/____/____ Time _____ am/pm

Drug Test

Oral Urine Device name _____ Lot No. _____ Expiry date ____/____/____

Collection Time _____ am/pm Description of sample: _____ mls of _____ coloured fluid

Specimen temp (°C) _____ (acceptable range 33-38°C) Time temp taken _____ am/pm

Creatinine only check Yes No Lot No. _____ Expiry Date _____ Cr _____ mg/dL

Full adulteration check Yes No Lot No. _____ Expiry Date _____ Cr _____ mg/dL

Abnormal findings Yes No Specify _____

Was an on-site test performed? Yes No If yes, which drug groups require further investigation?:

MET COC THC OPI BZO AMP Other _____ None detected/NA

Site Manager informed of further investigation Yes No Site Manager _____ (initial)

If Tritech kits are used and laboratory screen and/or confirmation is required, complete the chain of custody below.

Kit integrity seal intact Yes No Write barcode number here _____ Tritech Kit Box No _____

Quality Control Conducted Yes No

Positive Control OK Yes No Negative Control OK Yes No

Synthetic Cannabinoids. Was an on-site synthetic cannabinoid test performed? Yes No

Has donor taken any medication in the last 14 days (urine) or 48 hours (oral fluid)? Yes No

Details, if applicable: _____

Collector Declaration

I certify that the specimen(s) identified on this form is that provided to me by the donor and that it bears the correct identification.

Sample(s) collected/tested in accordance with AS/NZS 4308 (urine) AS 4760 (oral fluid) Alcohol

Assessed & Certified Yes No Collector Certificate No. _____

Family Name _____ Given Name _____ Signature _____ Date _____

Donor Declaration

Chain of Custody - Donor Certification to be completed by donor: I consent to the testing of my breath for alcohol and urine and/or oral fluid for drugs and certify that the specimens collected are my own and were provided by me to the Collector. Further, I certify that for any on-site testing performed, such testing was carried out in my presence. I certify that for any of my specimens that are to be sent for laboratory testing, the containers were sealed with tamper-evident seals in my presence and that the information on the label is correct. I certify that the information provided on this form is correct and consent to the release of all test results together with all relevant details on this form to the nominated representative(s) of my Employer/Representative.

Family Name _____ Given Name _____ Signature _____ Date _____