

ALCOHOL BREATH TEST RECORD FORM

A EMPLOYEE/CONTRACTOR INFORMATION				
Test Location:		Test Date:		Test Time:
Name:		Date of Birth:	/ /	
Home Address:				
Sex:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
Identification Type and Number:				

B BREATH TEST RESULTS (mandatory)				
Breath Test Result:		Date:	/ /	Time: :
Breath Retest Result (after 20 min if 1 st test is > zero g/210L):		Date:	/ /	Time: :
Breathalyser make:		Breathalyser model:		
Date of last calibration:	/ /			

C STANDARD QUESTIONS RELATING TO ALCOHOL CONSUMPTION FOR EMPLOYEE/CONTRACTOR (for employees/contractors recording a result of > zero g/210L)				
Q1:	What have you had to drink in the last 24 hours?			
Q2:	When did you start drinking?			
Q3:	When did you finish drinking?			
Q4:	What type of alcoholic drink did you consume?			
Q5:	How many alcoholic drinks did you consume?			
Q6:	What size alcoholic drink did you consume?			
Q7:	Have you consumed any alcohol in the past twenty minutes? (If yes, provide details)	YES:	<input type="checkbox"/>	NO: <input type="checkbox"/>
Q8:	When did you last eat?			
Q9:	What did you have?			
Q10:	Are you taking any medication (prescription or otherwise)? (If yes, provide details)	YES:	<input type="checkbox"/>	NO: <input type="checkbox"/>

D OBSERVATIONS (for employees/contractors recording a result of > zero g/210L)				
Employee/contractor displayed signs of intoxication or impairment (breath, eyes, speech, movement)?		YES:	<input type="checkbox"/>	NO: <input type="checkbox"/>
If yes, provide details:				
Record the employee/contractor's height and weight:				
	Height:	cm	Weight:	kg

E ADDITIONAL NOTES/QUESTIONS (optional)				
Record any comments made by the employee/contractor or yourself.				

F BREATH TEST CONDUCTED BY:				
Name:		Signature:		

Custodian: Chief Health Officer