Drug and Alcohol Testing Results Record

Additional Information





	ils		1B. Sample Don	nor Medication	2. Reason fo	or Testing
Name:			Medication	Dosage	Random Periodic Investigation Pre-employment Other:	
OOB:						
Gender: Male Female						
			Please cont. on reverse si	ide if needed		
3. Proof of Identity	Photographic ID availab inspection:		e for YES - please complete part 1		NO - please	complete part 2
PART 1: Photo ID provided:			ID relate	ed number:		
Part 2: An authorised person are accurate to the best of my k		licitor must sign b	pelow. I can confirm I am	n able to identify the sample o	donor and that the deta	uils entered abov
Print name:	name: Signature:		Relationship to Donor:		Employer:	
Sample Donor						
nterpretation of of my test results by the understand this includes any result relatedrugs screen and give consent for my solameless against any loss or damage, conor Signature	ting to medication, whe ample to be laboratory	ther declared or undecla tested to confirm the res	ared at the time of sample colle sults of any initial analysis unde	ection. I understand that a chain of c ertaken. I hold the individuals and te	ustody maybe performed in sting companies involved wi	light of a non-negati
Alcohol Ple	ase confirm tha	t the sample done	or has not eaten, drar	nk (excent water) smoker	t chewed gum	$\overline{}$
		t the sample done	•	nk (except water), smoked	d, chewed gum	Please ini
esting: or u		•	inutes.	, , ,		Please ini
	used mouthwas	h in the last 15 m	inutes.	ng 2: Readir	ıg 3: F	
Festing: or use the stream of	HOL CONCENTRATION second reading if second reading to report results	Reading 1: µg/100ml s required 15 minu g is higher than the	inutes. Readin	ng 2: Readir ml μg/100 the second reading	ng 3: Find the second s	Reading 4: ug/100ml
Festing: or use of the stream	HOL CONCENTRATION second reading if second reading to report results	Reading 1: µg/100ml s required 15 minu g is higher than the	inutes. Readin	ng 2: Readir ml μg/100 the second reading	ng 3: Find the second s	Reading 4: ug/100ml CUT-OFF LEV µg/100ml
Freath Results: Sesult of screen shown approx BREATH ALCOHO (100ml The UK driving limit is 80mg/100ml.) 1. Result of > 0µg/100ml a 2. Further reading required 3. Last reading will be used I confirm the above results onor Signature	HOL CONCENTRATION Second reading if second reading to report results recorded are accorded.	Reading 1:	inutes. Readin µg/100i ute wait before taking the first. Wait 15 minutes Date:	ng 2: Readir ml μg/100 the second reading	ng 3: Find the second s	Reading 4: ug/100ml CUT-OFF LEV µg/100ml
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Freath Results: Streath Resul	ils and Resudeg) YES	Reading 1:	inutes. Readin µg/100n ute wait before taking the first. Wait 15 minutes Date: Date: Drug kit Expiry D	ng 2: Readir ml μg/100 the second reading before taking further readir Date:	ng 3: CLIENT ng Breatha	Reading 4: ug/100ml CUT-OFF LEV µg/100ml
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Testers signature