



DRUG & ALCOHOL TESTING INCIDENT NOTIFICATION - FORM 1

Instructions

- Use this form to notify ITSRR of positive drug and alcohol test results or when a worker refuses to undertake a test*
- Test notifications are required to be notified to ITSRR within 3 days of receiving test results
- **Completed forms should be forwarded to ITSRR Fax: 02 8263 7256 Email: danotifications@transportregulator.nsw.gov.au**
- Copies of this form may be downloaded from www.transportregulator.nsw.gov.au
- A copy of this notification should be provided to the involved worker.

OPERATOR INFORMATION

Name of operator:	<input type="text"/>	Operator reference:	<input type="text"/>
Contact officer:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

TESTING OFFICER INFORMATION

Name:	<input type="text"/>	Work phone:	<input type="text"/>
Email:	<input type="text"/>	Authorised:	Yes <input type="checkbox"/> No <input type="checkbox"/>

WORKER INFORMATION

Name of person tested:	<input type="text"/>		
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Workplace address/location:	<input type="text"/>		
Work phone:	<input type="text"/>	Home phone:	<input type="text"/>
Home address:	<input type="text"/>		
Occupation:	<input type="checkbox"/> Maintenance – railway infrastructure	<input type="checkbox"/> Guard	<input type="checkbox"/> Controller/signaller
	<input type="checkbox"/> Maintenance – rolling stock	<input type="checkbox"/> Shunter	<input type="checkbox"/> Station staff
	<input type="checkbox"/> Train driver/second person	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Employer:	<input type="text"/>		

TEST INFORMATION

Date of test: / /

Location:

Type of test(s)
(please tick boxes)

Alcohol breath test
Urine drug test
Blood test

Agreed	Refused
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Alcohol breath analysis
Sobriety assessment

Agreed	Refused
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Fail to supply (give details below)

Interfere with results (give details below)

Circumstances of test(s)
(please tick boxes)

- Random testing (pre sign-on)
 Post incident testing (give details below)
 For cause/targeted testing (give details below)
 Other (give details)

Random testing (post sign-on)

Was the person carrying out Rail Safety Work+ prior to the test?

+Please refer to section 7 of the *Rail Safety Act 2008* (NSW) for a definition of Rail Safety Work.

Yes No

Describe exactly the nature of the Rail Safety Work being undertaken by the worker:

TEST OUTCOMES

Test type: (immunoassay, GC/MS, Breath Test/Analysis)

Test results: (substance and recorded level)

Were there any signs that the worker was under the influence at the time of the test (e.g. did the worker display physical/behavioural signs of affectation, such as speech slurred, eyes bloodshot/glazed, strong smell of liquor on breath, unsteady on feet, needed to urinate a number of times, pupils dilated [enlarged])?

Yes No

If yes, please provide details:

Did the worker make any statements in relation to the quantity of alcohol/drugs they consumed (e.g. how much they consumed, times of first and last drinks etc)?

Yes No

If yes, please provide details below.

Was the worker informed that ITSRR would be notified of the incident?

Yes No

This information is collected in accordance with the *Privacy & Personal Information Protection Act 1998* (NSW) and the *Health Records & Information Privacy Act 2002* (NSW) and will be treated confidentially.

*The information must be supplied to ITSRR in accordance with clause 36 of the *Rail Safety (Drug and Alcohol Testing) Regulation 2008* and under Section 63 of the *Rail Safety Act 2008* – if you fail to comply ITSRR may take appropriate legal action.