Mackay Drug Testing Services

SMSH Pty Ltd as The Cleary Family Trust t/as
Mackay Drug Testing Services
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FITNESS FOR WORK CONTROL FORM

SPECIMEN NUMBER

Client: ..... **Collection Site:** .....

X TEST DATE: .....

X REASON FOR TEST: Pre-Entry ☑ Random ☐ Post Incident ☐

X TESTS REQUIRED: Alcohol (BAC) ☑ Indicative Test ☐ Laboratory Analysis ☐

X DONOR: identified by: Passport ☐ Photo Licence ☑ Company ID ☐ Supervisor ☐ .....
Record I.D. information

X DONOR TO COMPLETE:

Consent: I (print name) ..... Date of birth: ..... Consent to,

☑ undergo a Breathalyser Test to determine my Blood Alcohol Content (BAC);

☑ provide a specimen of Urine

☐ provide a specimen of Saliva

Which will be analysed to determine or rule out the presence of prescribed, non-prescribed or prohibited substances.

I also consent to the release of all test results to my employer or their authorised representative, and I certify that the information provided by me on this form is true and correct.

Substances Taken: I have taken the following medication, drugs, vitamins or other substances recently.

(Options) .....

X SIGNATURE OF DONOR: X ..... DATE: .....

X ALCOHOL TEST RESULTS (BAC) 1st Reading 0.000 % 2nd Reading 0.____ %

X On-site Urine Drug Screen: Lot # ..... Exp Date .....

(Tick which group) Opiates ☐ MAmp ☑ THC ☑ Cocaine ☑ BZO ☑ ANP ☑

Test Results: Negative ☑ Non-Negative ☐

X On-site Saliva Drug Screen: Lot # ..... Exp Date .....

(Tick which group) Opiates ☐ MAmp ☐ THC ☐ Cocaine ☐ BZO ☐ ANP ☐

Test Results: Negative ☐ Non-Negative ☐

LABORATORY INFORMATION (To be completed when specimen is to be forwarded to laboratory) SPECIMEN NUMBER:

Forward results to: drugtesting@mackaydrugtesting.com.au

X Temperature of Specimen: 36.0 X Time of Collection: AM/PM X DONOR DATE of BIRTH

X Type of Specimen: Urine ☑ Saliva ☐ Number of Specimens sent to Laboratory .....

Test required: Standard AS/NZ 4308:2008 X GC/MS (List drug group) .....

X MEDICATION TAKEN: .....

I certify that that specimen/s sealed with above specimen number was provided to me by the Donor and that it has been collected, divided, labelled and sealed in accordance with specified collection instructions for a medical opinion officer.

X SIGNATURE OF COLLECTOR: ..... DATE: .....

X PRINT NAME: W. Cleary / Certification I .....

White Copy - Office Yellow Copy - Donor

EXAMPLE DOCUMENT ONLY