



## Undertake breath alcohol testing Practitioner acknowledgement

### Practitioner's details

Name

Monitoring &amp; compliance number

### Practitioner's declaration

**By checking the following boxes and signing this form, I acknowledge and confirm:**

- I am aware Ahpra may request and access from the senior person at each of my places of practice rosters, timesheets or similar information for the purposes of monitoring my compliance with the condition on my registration requiring breath alcohol testing.
- I have read and understood the requirements of the Drug and Alcohol Screening Protocol in relation to breath alcohol testing.
- In relation to the breath alcohol testing device:
- I am responsible for the purchase of an approved breath alcohol testing device
  - I must provide my case officer with the name and model number of the breath alcohol testing device purchased, along with proof of that purchase
  - the breath alcohol testing device must only be used in the sampling mode detailed in the protocol, and
  - the breath alcohol testing device must undergo a calibration check, using approved and accredited calibration standards and procedures, no less than every six months and I must provide Ahpra with evidence of this calibration whenever it occurs.
- In relation to breath alcohol testing and recording of results:
- when a breath alcohol test is required
  - that every breath alcohol test must be administered by an approved breath alcohol test supervisor
  - I am required to keep a breath analysis logbook on the form provided
  - I am required to return the logbook as requested by my case officer, and
  - I am required to provide evidence of my actual work hours for a specified period as required by my case officer.
- In relation to breath alcohol test results:
- a breath alcohol test will be considered positive if a test result is greater than 0.01% blood alcohol concentration (BAC)
  - if a breath alcohol test result greater than 0.01% BAC is returned, the breath alcohol test is to be readministered (the second testing) 15 minutes after the initial test
  - I must not practise until the second testing is complete and has returned a result of 0.01% BAC or below
  - I must not commence or recommence practise for 24 hours after any occasion where I have returned a positive BAC on the second testing e. any positive breath alcohol test must be notified to my case officer by phone during business hours or by fax/ email after hours f. I am responsible for the cost of any blood alcohol test I take to dispute the result of a positive breath alcohol test result, and
  - if I become aware I have failed to undertake a breath alcohol test when required I must cease practise immediately and must not recommence practise until I have undertaken a breath alcohol testing with an approved supervisor and provided a breath alcohol test result of 0.01% BAC or less.

f. Any missed breath alcohol test must be notified to my case officer, in writing, together with an explanation as to why the breath alcohol test did not occur as required

Any missed breath alcohol test must be notified to my case officer, in writing, together with an explanation as to why the breath alcohol test did not occur as required.

Signature	Date
<input type="text"/>	<input type="text"/>

**When completed, return this form to:**

Case officer	<b>Ahpra</b> <b>GPO Box 9958</b> <b>IN YOUR CAPITAL CITY</b> ( <i>refer below</i> )
<input type="text"/>	
Email	Sydney NSW 2001   Canberra ACT 2601   Melbourne VIC 3001 Brisbane QLD 4001   Adelaide SA 5001   Perth WA 6001 Hobart TAS 7001   Darwin NT 0801
<input type="text"/>	



Undertake breath alcohol testing  
**Nomination of test supervisors**

**Practitioner's details**

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

**Nominee's details**

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice <input type="text"/>	
Postal address <input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

**Practitioner's declaration**

**By checking the following boxes and signing this form, I acknowledge and confirm:**

- The nominated person is not in a close collegiate, family, social or financial relationship with me.
- I have provided the nominated person with:
- information regarding the operating procedure of the approved breath testing device
  - a copy of the conditions on my registration
  - a copy of the Drug and Alcohol Screening protocol, and
  - the contact details of my Ahpra case officer.

Signature	Date
<input type="text"/>	<input type="text"/>

**When completed, return this form to:**

Case officer

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (*refer below*)

Email

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Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	



## Undertake breath alcohol testing Nominee acknowledgement

### Practitioner's details

Name  Monitoring & compliance number

### Nominee's details

Name (Last, First)  Registration number

Place of practice

Postal address

Contact number  Email

### Nominee's declaration

**By checking the following boxes and signing this form, I acknowledge and confirm:**

- I am prepared to act as an approved person to supervise breath alcohol testing.
- I have provided a copy of my curriculum vitae.
- I have provided a sample specimen of my signature, along with proof of my identity (such as a certified copy of a valid driving license or passport).
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I have received a copy of Ahpra's Drug and Alcohol Screening Protocol and understand the requirements in relation to alcohol breath testing:
  - a. when alcohol breath testing is to be undertaken
  - b. that I may, at my discretion, request the Practitioner undertake an alcohol breath test at any other time for any other reason
  - c. the requirement to keep and maintain a logbook of breath alcohol test results, and
  - d. what constitutes a positive breath alcohol test and what action is to be taken in relation to a positive breath alcohol test.

- I have been provided with and understood information on the operating procedure of the breath-testing device.
- I will, in the event of any and all positive breath alcohol tests or a refusal by the Practitioner to undertake breath alcohol testing, notify the Ahpra case officer as soon as practicable.

<b>Signature</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<b>Date</b> <div style="border: 1px solid black; height: 20px; width: 80%;"></div>
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<b>When completed, return this form to:</b>			
<b>Case officer</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>Ahpra</b> <b>GPO Box 9958</b> <b>IN YOUR CAPITAL CITY</b> ( <i>refer below</i> )		
<b>Email</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>			
	Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
	Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
	Hobart TAS 7001	Darwin NT 0801	



Undertake breath alcohol testing  
**Senior person acknowledgement**

**Practitioner's details**

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

**Nominee's details**

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>

Place of practice

Postal address

Contact number	Email
<input type="text"/>	<input type="text"/>

**Nominee's declaration**

**By checking the following boxes and signing this form, I acknowledge and confirm:**

- I have seen a copy of the conditions on the Practitioner's registration, as demonstrated by my signature on the attached schedule of conditions.
- I am aware that, for the purposes of monitoring the Practitioner's compliance with the condition on their registration requiring breath alcohol testing, AHPRA may request and access from me rosters, timesheets or similar information in order to establish the Practitioner's hours of work

Signature	Date
<input type="text"/>	<input type="text"/>

**When completed, return this form to:**

Case officer

**Ahpra**  
**GPO Box 9958**  
**IN YOUR CAPITAL CITY** (*refer below*)

Email

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