

# Alcohol and Other Drug Screen

## Contractor Declaration

Supplier	Enter your company name		
Name of Contract employee	Enter the individual workers name		
DOB of Contract employee	Enter the individual workers date of birth		
<b>Please complete all sections of this form. Failure to do so will delay the workers WesCEF induction.</b>			
<b>Sample validity and collection</b>			
<input type="checkbox"/>	Sample valid within 28 days prior to completing General Site Induction		
<input type="checkbox"/>	Sample collected by a certified collector, having been trained to HLTPAT005 Collect specimens for drugs of abuse testing and in accordance with AS3547 <i>Breath alcohol testing devices for personal use</i> and/or AS4308 <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>		
<b>Alcohol test result</b>			
<input type="checkbox"/>	Negative result Results are acceptable as per WesCEF Drug & Alcohol Procedure (Section 7)		
<b>Urine drug test result</b>			
<input type="checkbox"/>	Negative result, no further analysis required Results are acceptable as per the threshold levels prescribed in AS4308 <i>Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine</i>	<b>OR</b>	<input type="checkbox"/> For any detected substances <ul style="list-style-type: none"> <li>confirmatory testing via GCMS analysis has been undertaken</li> <li>prescription has been sighted</li> <li>substances have been assessed to be consistent with declared medications.</li> </ul>
<b>Declaration of Officer on behalf of Supplier</b>			
Name	Name of person completing declaration		<input type="checkbox"/> I acknowledge that the information declared is true and correct.
Date	Enter todays date		

WesCEF Drug & Alcohol Procedure can be located at <https://csbp.com.au/contractorssuppliers/safety-resources>