



Health Professional Councils Authority

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Phone: 1300 197 177 Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au Online: www.hpca.nsw.gov.au

Alcohol Breath-Testing Form

Complete this form and send it to us within 7 days of alcohol breath-testing conditions being placed on your registration. Email: monitoring@hpca.nsw.gov.au Fax: 02 9281 2030. If you have any problems completing this form you must contact us immediately.

Your name	
Date	

Breath-testing device

What device have you purchased/hired?

Lion SD 400
Touch

Lion SD 400

Draeger 5820

Draeger 6820

You must supply proof of device purchase/hire with this form. You are responsible for purchasing any consumables required to breath-test (e.g. mouth pieces).

Proof attached

Yes

No

Device servicing plan

What date is your device due for service?

Your device needs to be serviced as per the manufacturer's instructions, at a minimum of every 6 months.

What is your plan for screening when the device is being serviced?

You are responsible for organising a replacement device to use when your device is being serviced. If you cannot organise another device to use, you cannot practice.

Breath-testing supervisor: Participant to complete

You are encouraged to nominate more than one supervisor to ensure a supervisor is available at all times you need a breath test.

You must **not** nominate a friend, family member or an employee. If the nominated supervisor is a registered health practitioner, please include their registration number. If they are not a registered practitioner, please include their profession.

Name of nominated supervisor

Name of nominated supervisor

Name of nominated supervisor

I confirm the above nominated supervisors are not a friend, family member or employee.

I have provided each nominated supervisor with a copy of:

Yes No

- the operating instructions for the breath-testing device
- the *Alcohol screening policy and Participant procedure: breath-testing for alcohol*
- the *Supervisor procedure: breath-testing for alcohol*
- the *Breath-testing supervisor nomination form*

I understand that any approved supervisors must comply with the *Supervisor procedure: breath-testing for alcohol* and that he/she must inform the Council if:

Yes No

- I have a positive breath-test
- I do not attend for breath-testing as required
- If they have any other concerns about my compliance with conditions on my registration.

I certify that this information is true and correct.

Your signature

Date