

Drug and Alcohol Testing - Test notification Form Public Passenger Vehicle Driver

Instructions1. Use this form to notify Transport for

1. Use this form to notify Transport for NSW of bus safety employees (also known as transport safety employees who perform bus safety work) who test positive to a confirmatory test for drugs or alcohol or who refuse or fail to submit to drug and alcohol testing when lawfully required. Operators are required by law to notify these matters to Transport for NSW.

A Positive Confirmatory Test includes in the case of:

- Alcohol breath analysis undertaken by the Police which confirms PCA of 0.02 (or higher);
- Drugs a laboratory urine analysis confirming the presence of a drug; or
- Drugs or alcohol a blood analysis undertaken by a medical practitioner which confirms the presence of a drug or PCA.
- 2. A test notification must be made within 48 hours of the operator become aware of the event. Send your <u>completed</u> test notification form to Transport for NSW by email to <u>schemereview@transport.nsw.gov.au</u>
- 3. This form can be downloaded from www.rms.nsw.gov.au

Operator information	Confirmed positive test results
Name in which accreditation is held:	Breath analysis Confirmed PCA reading
	Urine analysis Confirmed presence of drug/s
Accreditation number	Blood analysis Confirmed PCA reading
	Confirmed presence of drug/s
Contact officer	Refuse/fail to undergo
	Breath test Breath analysis Sobriety assessment
Phone	
	Refuse/fail to provide
Email address	Urine sample Blood sample
	Test type
Signature	Random (before sign-on) Random (after sign-on)
Date	Targeted (specify reason for test in the additional information
	section on the back of this form) After a notifiable incident incl:
day month year	injury to a person After less serious incident
Bus safety employee information	bus prevented from (specify incident type eg minor collision between
Name of bus safety employee	continuing its journey two buses in depot
	the operator to arouse
Occupation	public concern
Mechanic	Actions
Bus Driver Driver Authority Number	1. You must:For any positive test, attach a copy of the certificate of the breath
	analysis, or the report of the urine or blood sample analysis to this notification:
Other Please specify	 For any refusal/failure to undergo testing, provide an outline of the circumstances involved (including names of witnesses) on the back of this form;
Test details	Outline the action you have taken, or that you propose to take, in relation to the bus safety employee who is the subject of this
Testing Supervisor (name)	notification (eg counselling, suspension from duty etc) on the back of this form.
	You must give a copy of this notification to the bus safety employee who is the subject of this notification.
Date of test	This information is collected and dealt with in accordance with the
day month year	Privacy and Personal Information Protection Act 1998.
Location of test	
In depot	
On-road Char Disease specify	
Other Please specify	

Drug and Alcohol Testing - Test Notification Form continued

Details of any refusal or failure to undergo testing	Additional information (if required)
Names of witness/witnesses to the refusal	
Action that you have taken, or that you propose to take, in relation to a bus safety employee who is the subject of this notification	
	If you have reported this matter via the Bus Incident Management Database please include the Incident Number
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