



Drug and Alcohol Testing Incident Notification

Instructions

- Use this form to notify ITSRR of positive drug and alcohol test results or when a worker refuses to undertake a test.*
- Test notifications are required to be notified to ITSRR within 3 days of receiving test results.
- Completed forms should be forwarded to ITSRR.
Email: danotifications@transportregulator.nsw.gov.au Fax: 02 8263 7256
- Copies of this form may be downloaded from www.transportregulator.nsw.gov.au

Operator Information					
Operator name:		Operator reference:			
Contact officer:		Phone:			
Email:					
Signature:		Date:			
Worker Information					
Name of person tested:					
Occupation:		<input type="checkbox"/> Maintenance – railway infrastructure	<input type="checkbox"/> Guard	<input type="checkbox"/> Controller/signaller	
		<input type="checkbox"/> Maintenance – rolling stock	<input type="checkbox"/> Shunter	<input type="checkbox"/> Station staff	
		<input type="checkbox"/> Train driver/second person	<input type="checkbox"/> Other (please specify)		
Employer:					
Test Information					
Date of Test:		Location:			
		Agreed	Refused	Agreed	Refused
Type of test(s) (please tick boxes)	Alcohol breath test	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol breath analysis	<input type="checkbox"/>
	Urine drug test	<input type="checkbox"/>	<input type="checkbox"/>	Sobriety assessment	<input type="checkbox"/>
	Blood test	<input type="checkbox"/>	<input type="checkbox"/>		
		Fail to supply <input type="checkbox"/>	Interfere with results <input type="checkbox"/>	(Give details below)	
Circumstances of test(s) (please tick boxes)	Random testing (pre sign-on)	<input type="checkbox"/>		Random Testing (post sign-on)	<input type="checkbox"/>
	Post incident testing (give details below)	<input type="checkbox"/>			
	For cause targeted testing (give details below)	<input type="checkbox"/>			
	Other (give details below)	<input type="checkbox"/>			
Test Outcomes					
Test type: (immunoassay, GC/MS, Breath Test/Analysis)		Test results: (substance and recorded level)			
Comments:					
Person carried out rail safety work prior to test? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide details:					
Person displayed physical/behavioural signs of intoxication/impairment (including speech)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide details:					

This information is collected in accordance with the Privacy & Personal Information Protection Act 1998 (NSW) and will be treated confidentially.
The worker involved in the test should receive a copy.

*In accordance with Clause 36, Rail Safety (Drug and Alcohol Testing) Regulation 2008.

If you do not comply with a requirement under that section, ITSRR may take appropriate legal action, including issuing a penalty notice or taking other appropriate legal action.