Initial Test Results Record BAC

(Tick Appropriate Box)

Random	☐	Incident Involvement	☐	Reasonable Cause	☐	Pre-Employment	☐

Area Tested ……. Time /Date of test……am/pm…… /…/….

Serial Number of test device ……Calibration Check (Days left reading) ……

Name of Tester 1:……. Name of Tester 2……

BAC Result of Tester 1:…… BAC Result of Tester 2……

List of Persons Tested

	Full Name	ID Number	Record BAC Result	> 0.000 Confirmatory test required
1.				☐
2.				☐
3.				☐
4.				☐
5.				☐
6.				☐
7.				☐
8.				☐
9.				☐
10.				☐

Tester Declaration

I acknowledge that the testing was carried out accordance with OTML's Alcohol Testing Procedure.

Name Tester 1:…… Signature:…….. Date:……/……/……..

Name Tester 2:…… Signature:…….. Date:……/……/……..

White Copy	Pink Copy	Yellow Copy	Green Copy
APD	Manager	OHS Corporate	Book Bound