**ALCOHOL SCREENING REPORT**

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| **VESSEL** |  |
| **DATE** |  |

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| **a** | **REQUIREMENT** |
| In order to ensure the safe and healthy operation of vessels under our management, the company operates a Drug & Alcohol Policy which sets out the limits within which such substances can be used onboard our ships or by personnel under our employment.  Part of that policy enables the company or Master to require any crew member to undergo drug/ or alcohol testing at any time. This report is to be submitted to the ship management team whenever such screening is carried out. | |

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| **b** | **screening equipment** | |
| **Manufacturer and Model** | |  |
| **Serial Number** | |  |
| **Service Next Due** | |  |

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| **c** | **grounds for screening** | | |
| Screening as part of a routine screening program | | **Y / N** | Complete section E |
| Screening for any other reason, or as a result of an occurrence | | **Y / N** | Complete section F |

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| **D** | **SCREENING PROCEDURE** |
| **Alcohol screening is to be carried out in the following manner:**  **General Preparation**   1. The person to be screened should not be informed in advance that they will be screened for alcohol, but they should be told to report to the screening place at a set time within the following three hours. The company considers a failure to attend at the required time and place a potential refusal to submit to screening. 2. All alcohol screening is to be carried out by the Master or by a member of the Fleet Office, either in the Master’s cabin or in the ship’s office. Usually no one else should be present for initial screening, however the person being screened may request that someone attend to support them.   **Pre-Screening Formalities**   1. On their arrival at the screening place, the crew member is to be informed of the purpose of the screening and the possible consequences of a positive result. This is done when the person carrying out the screening reads them the guidance printed in the relevant sections below. 2. At this stage, the crew member should be given the opportunity to declare that they believe they will return a “positive” result (i.e. that they will have more alcohol in their system than permitted by the policy). In this case, the Master should record this declaration in the relevant section, however the screening process is to continue.    * The company will treat such declarations on their merits, **however** those making such declarations and returning a “positive” result for the first time may be subject to less serious disciplinary action. Disciplinary action in the event of a “positive” result will depend on the degree to which the policy has been breached, the history of the crew member (including performance appraisals and previous alcohol related incidents), and any other relevant factors. 3. The crew member must sign the appropriate section of the form below before any screening is carried out. 4. If a crew member refuses to submit to alcohol screening, a note to this effect should be made on the form, and the Fleet Office is to be notified immediately.   **Screening**   1. If the device shows one, the “test number” should be recorded on the form below. 2. Screening should be carried out in accordance with the manufacturer’s instructions. 3. The result is to be immediately recorded in the appropriate place on the form below.   **Results**   1. In the event of a “negative” result (within the limits of company policy), the crew member may carry on immediately. 2. In the event of a “positive” result (above the limits of company policy), form **M91 Secondary Alcohol Screening** is to be completed immediately, and the crew member is to remain at the screening place until this is complete. | |

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| **E** | **ROUTINE SCREENING** |
| Each calendar month, the company requires that **three crew members** on each vessel are screened for alcohol.   * Crew members to be screened will be selected at random by the Fleet Office, and the ship will be informed of their names prior to the commencement of the month. * One person is to be screened during an off-duty period, one is to be screened immediately prior to going on duty and one is to be screened at a time selected by the Master.   This test will take approximately 10-15 minutes to complete. | |
| **The following statement is to be READ AND shown to the crew member before screening commences:**  “You have been selected for routine alcohol screening in accordance with the company’s Drug & Alcohol Policy. Your breath will be tested for alcohol, and the results recorded here and in your crew record. Should you return a breath alcohol sample higher than permitted by the policy (a positive result) or if you refuse to submit to this screening, you will be subject to disciplinary action, possibly including termination of your employment. You should tell us about anything which may affect the result of this screening or if you believe you will return a positive result **before** screening begins.” | |

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| **crew member** | | | |
| **NAME** |  | **RANK** |  |
| **DATE OF TEST** |  | **TIME OF TEST** |  |

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| **APPLICABLE LIMIT** | | | |
| Which of the following situations best describes the crew member at the time of testing: | | | |
| **Tick** | **Situation** | **% BAC** | **mg/L** |
|  | The crew member is **off-duty** and has been for at least 15 minutes | 0.05% | 0.24 |
|  | The crew member is **off-duty**, but ended their period of duty within the last 15 minutes | 0.00% | 0.00 |
|  | The crew member is **off-duty**, and will go on duty within the next 30 minutes | 0.00% | 0.00 |
|  | The crew member is **off-duty**, but will not go on duty for at least 30 minutes | 0.05%\* | 0.24 |
|  | The crew member is **on-duty** | 0.00% | 0.00 |

\*A reading close to the upper limit, and close to the crew member going on duty is grounds for an additional test prior to going on duty.

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| **CREW MEMBER DECLARATION** | | |
| 1. I confirm that I have read and understood all of the information on this page. 2. I confirm that all information recorded on this page is correct. 3. I agree to submit to breath alcohol screening at this time. | | |
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| I believe that I am currently below the relevant breath alcohol limit set out in the company drug & alcohol policy. (If “no”, screening is to continue anyway) | | **YES / NO** |
| **PRINT NAME** |  | |
| **SIGNATURE** |  | |
| **DATE** |  | |

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| **RESULT** | | | | |
| Test number (if shown on the breathalyzer display) | | | |  |
| Breath alcohol content | | | | mg/L |
| Outcome (write “NEGATIVE” (under the limit) or “POSITIVE” (over the limit) in the box) | | | |  |
| **IN THE EVENT OF A “POSITIVE” RESULT, PROCEED IMMEDIATELY TO SECONDARY SCREENING (FORM S91)** | | | | |
| **Master/Fleet Office**  **PRINT NAME** |  | **Master/Fleet Office**  **Signature** |  | |

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| **f** | **non-routine SCREENING** |
| The company drug and alcohol policy permits the Master or the company to carry out alcohol screening at any time, and such screening **will always** be carried out if there is any reason to believe that a crew member may be in breach of the policy.  There are grounds to believe that a crew member may be in breach of the policy if:   * They are involved in an accident/ incident or other occurrence * They fail to report for duty at the required place and time or fail to return from shore leave at the required time * They appear intoxicated, or show any of the traits commonly associated with intoxication * They fail to follow clear instructions when these are given   Notwithstanding the above, it is important to note that the company and Master may require a crew member submit to alcohol screening **at any time** with or without grounds to believe that they may be in breach of the policy. | |
| **The following statement is to be READ AND shown to the crew member before screening commences:**  “In accordance with the company Drug & Alcohol Policy, the Master or company require you to undergo to breath alcohol screening at this time. The results of this screening will be recorded here and in your crew record. Should you return a breath alcohol sample higher than permitted by the policy (a positive result) or if you refuse to submit to this screening, you will be subject to disciplinary action, possibly including termination of your employment. You should tell us about anything which may affect the result of this screening or if you believe you will return a positive result **before** screening begins.” | |

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| **crew member** | | | |
| **NAME** |  | **RANK** |  |
| **DATE OF TEST** |  | **TIME OF TEST** |  |

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| **REASON for screening** |
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| **APPLICABLE LIMIT** | | | |
| Which of the following situations best describes the crew member at the time of testing: | | | |
| **Tick** | **Situation** | **% BAC** | **mg/L** |
|  | The crew member is **off-duty** and has been for at least 15 minutes | 0.05% | 0.24 |
|  | The crew member is **off-duty**, but ended their period of duty within the last 15 minutes | 0.00% | 0.00 |
|  | The crew member is **off-duty**, and will go on duty within the next 30 minutes | 0.00% | 0.00 |
|  | The crew member is **off-duty**, but will not go on duty for at least 30 minutes | 0.05%\* | 0.24 |
|  | The crew member is **on-duty** | 0.00% | 0.00 |
| Note: The Draeger Alcotest 6510 displays alcohol content in mg/L | | | |

\*A reading close to the upper limit, and close to the crew member going on duty is grounds for an additional test prior to going on duty.

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| **CREW MEMBER DECLARATION** | | |
| 1. I confirm that I have read and understood all of the information on this page. 2. I confirm that all information recorded on this page is correct. 3. I agree to submit to breath alcohol screening at this time. | | |
|  | | |
| I believe that I am currently below the relevant breath alcohol limit set out in the company drug & alcohol policy. (If “no”, screening is to continue anyway) | | **YES / NO** |
| **PRINT NAME** |  | |
| **SIGNATURE** |  | |
| **DATE** |  | |

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| --- | --- | --- | --- | --- |
| **RESULT** | | | | |
| Test number (as shown on the breathalyzer display) | | | |  |
| Breath alcohol content | | | | mg/L |
| Outcome (write “NEGATIVE” (under the limit) or “POSITIVE” (over the limit) in the box) | | | |  |
| **IN THE EVENT OF A “POSITIVE” RESULT, PROCEED IMMEDIATELY TO SECONDARY SCREENING (FORM S91)** | | | | |
| **Master/Fleet Office**  **PRINT NAME** |  | **Master/Fleet Office**  **Signature** |  | |