**SECONDARY ALCOHOL SCREENING REPORT**

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

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| **a** | **PROCEDURE** |
| Secondary alcohol screening is only carried out when a crew member returns a positive initial screening result. It must be carried out immediately after the initial result and following the following procedure:**Pre-Screening Preparation**1. Secondary screening must take place immediately after the initial result is returned.
2. The screener should advise the person being tested that they have returned a positive result and will therefore be subjected to secondary alcohol screening. They are to be asked to remain in the screening place but informed that if they wish another crew member can be present to support them.
3. The screener must call for a second person to witness the secondary test. The witness should be an Officer. The details of all people present for the test must be recorded below.
4. The secondary test should be carried out on the same equipment as the initial test.

**Screening** 1. The “test number” shown on the screen 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 the policy), the crew member may immediately carry-on.
2. In the event of a “positive” result (above the limits of the policy), the crew member is not to be permitted to go on-duty until a later test confirms they are within the limits allowed by the policy.
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| **b** | **screening equipment** |
| **Manufacturer and Model** | Dräger Alcotest 6510 |
| **Serial Number** |  |
| **Service Next Due** |  |

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| **c** | **DETAILS** |
| **NAME** |  | **RANK** |  |
| **DATE OF TEST** |  | **TIME OF TEST** |  |

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| **d** | **STATEMENT** |
| **The following statement is to be READ AND shown to the crew member before screening commences:**“As the result of your first alcohol screening test was “Positive” you are required to undergo a secondary test in the presence of a witness. The witness to this test will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(an officer)*. You may have a person present to support your during this test if you wish. Your breath will be tested for alcohol again 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. “ |

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| **E** | **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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| **f** | **CREW MEMBER DECLARATION** |
| 1. I confirm that I have read and understood all of the information on this form.
2. I confirm that all information recorded on this form is correct.
3. I agree to submit to secondary breath alcohol screening at this time.
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| **PRINT NAME** |  |
| **SIGNATURE** |  |
| **DATE** |  |

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| **G** | **witness** |
| The following officer has been appointed by the screener to witness this alcohol screening of the above crew member |
| **NAME** |  | **RANK** |  |

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| **H** | **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) |  |

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| **I** | **Assessment** |
| **TO BE COMPLETED ONLY IN THE EVENT OF A “POSITIVE” OUTCOME** |
| Is the crew member showing obvious signs of intoxication? | **YES / NO** |
| Has the crew member fully cooperated throughout the screening process? | **YES / NO** |
| Has the crew member provided any explanation for their positive screening result? | **YES / NO** |
| If “yes”, provide details: |
| Do you wish to make any further comment in relation to this result? | **YES / NO** |
| If “yes”, provide details: |

**THIS FORM IS TO BE IMMEDIATELY FORWARDED TO THE FLEET OFFICE, IRRESPECTIVE OF THE OUTCOME OF THE SCREENING.**

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| **Screener****SIGNATURE** |  | **Witness****SIGNATURE** |  |
| **Screener****PRINT NAME** |  | **Witness****PRINT NAME** |  |
| **Date** |  | **Date** |  |