

AGREEMENT FOR UNANNOUNCED BREATH AND BLOOD TESTING PROGRAMME

Name: _____ Date of birth: _____

Address: _____

Postcode: _____

Contact
telephone
number _____

- have read and agree to the conditions of the alcohol testing programme.
- I agree to notify the occupational health department of days I am on leave and not available for testing at least 7 days in advance.
- I agree that when I am at work, I will attend the occupational health department within 3 hours of being contacted for a breath alcohol test.
- I agree to have the following blood tests if requested by the occupational physician.
 - Blood alcohol
 - Liver function test
 - Gamma GT test
 - Full blood count
 - Carbohydrate deficient transferrin test
- I agree to my responsible manager being informed if I take a test which yields a positive result, as defined by the values below. I understand that the alcohol level itself will not be released to my responsible manager without my consent.
- I understand that failure to attend will be reported to my responsible manager.
- Level of breath alcohol agreed with my responsible manager as constituting a positive result:

Clinical Staff-member > ZERO ug/100ml breath

Non-Clinical Staff-member ug/100ml breath

Signed _____

Print name: _____

Date: _____

Name of Responsible Manager : _____

Signature of Responsible Manager: _____

Copy given to employee?

YES		NO	
-----	--	----	--