



# Starting breath-testing form

Complete this form and ensure we receive it within 7 days of breath-testing conditions being placed on your registration.

Email: [medicalcouncil.monitoring@mcnsw.org.au](mailto:medicalcouncil.monitoring@mcnsw.org.au) or Fax: 02 9816 5307

If you have any problems completing this form you must contact us immediately.

Date \_\_\_\_\_

Your name \_\_\_\_\_

## Breath-testing device

What device have you purchased / hired?  Lion SD 400  Lion SD 400 Touch  
 Draeger 5820  Draeger 6820

You must supply proof of device purchase / hire with this form. You are responsible for purchasing any consumables required to breath-test (e.g. mouth pieces).

Proof attached  Yes  No

## Device servicing plan

What date is your device due for service?

\_\_\_\_\_

Your device needs to be serviced as per the manufacturer's instructions, at a minimum of every 6 months.

What is your plan for screening when the device is being serviced?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are responsible for organising a replacement device to use when your device is being serviced. If you cannot organise another device to use, you cannot practice.

### Breath-testing supervisor: Participant to complete

You are encouraged to nominate more than one supervisor to ensure a supervisor is available at all times you need a breath test.

You must **not** nominate a friend, family member or an employee. If the nominated supervisor is a registered health practitioner include their registration number. If they are not a registered practitioner, please include their profession.

Name of nominated supervisor

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Name of nominated supervisor

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I confirm the above nominated supervisors are not a friend, family member or employee.

I have provided each nominated supervisor with a copy of:

Yes  No

- the operating instructions for the breath-testing device
- the *Alcohol screening policy* and *Participant procedure: breath-testing for alcohol*
- the *Supervisor procedure: breath-testing for alcohol*
- the *Breath-testing supervisor nomination form*

I understand that any approved supervisors must comply with the *Supervisor procedure: breath-testing for alcohol* and that he/she must inform the Council if I have a positive breath-test, I do not attend for breath-testing as required, or if they have any other concerns about my compliance with conditions on my registration.

Yes  No

I certify that this information is true and correct.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Office use only**

Date of receipt

Complies with relevant criteria  Yes  No Reason/s

PO initials and date

Approval by Council Delegate  Yes  No Reason/s

\_\_\_\_\_  
Council Delegate name, signature and date