HLTPAT005 Collect Specimens for Drugs of

Abuse Testing

Student Material <u>BLENDED</u> Assessment Workbook

STUDENT NAME	
DATE	



Enrolment Form

-KINECT

TRAINING

ALL fields of this enrolment form are mandatory

Course Details			
Course Name (UoC or qualifica	tion)		
Start Date & Location			
Personal Detail	S		
Family Name	Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.		
Given Name/s			
Date of Birth	Male 🗌 Female 🗌 Other 🗌		
Unique Student Identifier:	To register for your Unique student ID number; please visit: <u>http://usi.gov.au</u>		
Contact Details			
Residential	Building/property name		
Address Please provide the	Flat/unit details		
physical address (street number and	Street number		
name not post office box) where you usually reside rather than any	Street name		
temporary address at which you reside for	Suburb, locality or town		
training, work or other purposes before returning to your	State identifier		
home.	Postcode		
	Building/property name		
	Flat/unit details		
	Street number		
Postal Address (If different from	Street name		
above)	Postal Delivery Box		
	Suburb, locality or town		
	State identifier		
	Postcode		
Telephone No.			
E-mail:			

Employment	
Occupation:	
Employer:	
In what county were you born? Australia Other –	
Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often No, English only Yes Please specify:	Are you still enrolled in secondary or senior secondary education? Yes No
Are you of Aboriginal or Torres Strait Islander origin? (tick one box only): For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes	 Have you successfully completed any of the following qualifications? Please tick all appropriate. Bachelor Degree or Higher Advanced Diploma or Associate Degree Diploma (or Associate Diploma) Certificate IV (or Advanced Certificate/Technician)
Yes, Aboriginal Yes, Torres Strait Islander	Certificate III (or Trade Certificate) Certificate II
Do you consider yourself to have a disability, impairment or long term condition?	 Certificate I Certificates other than the above
Yes No	Of the following categories, which BEST describes your current employment status? (tick one box only) Full-Time employee Part-Time employee
If YES, please indicate the areas of disability impairment or long term condition. Hearing/Deaf Physical Intellectual Learning	 Self-employed – not employing others Self employed – employing others Employed – unpaid worker in a family business Unemployed – seeking full time work Unemployed – seeking part time work Unemployed – not seeking employment
 Mental Illness Acquired brain impairment Vision Medical condition Other: 	Of the following categories, which BEST describes your main reason for undertaking this training program? (tick one box only) To get a job To develop my existing business
What is your highest COMPLETED school year?	To start my own business To try for a different career
 Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 Completed Year 8 or lower Never attended school 	 To get a better job or promotion It was a requirement for my job I wanted extra skills for my job To get into another course of study For personal interest or self-development Other reasons:

Additional Information		
Do you have any other nationally recognised Qualifications or Statements If YES, please provide copies	of Attainment?	🗌 Yes 🗌 No
Are you currently on a student visa?		
If YES, please indicate which visa;		🔄 Yes 🔄 No
Comments:		
Deine au Chatamant & Chudant De danation		
Privacy Statement & Student Declaration Under the Data Provision Requirements 2012, Trainwest is required to colle	ct personal informat	tion about you and to
disclose that personal information to the National Centre for Vocational Ed	•	•
Your personal information (including the personal information contained o activity data) may be used or disclosed by Trainwest for statistical, regulate		
disclose your personal information for these purposes to third parties, inclu		
 School – if you are a secondary student undertaking VET, including a trainagching 	school-based apprer	nticeship or
 traineeship; Employer – if you are enrolled in training paid by your employer; 		
Commonwealth and State or Territory government departments and	authorised agencies	;
 NCVER; Organisations conducting student surveys; and 		
Researchers.		
Personal information disclosed to NCVER may be used or disclosed for the	ollowing purposes:	
 Issuing statements of attainment or qualification, and populating auth 		cripts;
• facilitating statistics and research relating to education, including surv	•	
 understanding how the VET market operates, for policy, workforce pla administering VET, including programme administration, regulation, m 	•	
· · · · · · · · · · · · · · · · · · ·		
You may receive an NCVER student survey which may be administered by a	n NCVER employee,	agent or third party
contractor. You may opt out of the survey at the time of being contacted.		
NCVER will collect, hold, use and disclose your personal information in acco	rdance with the Priv	acy Act 1988 (Cth), the
VET Data Policy and all NCVER policies and protocols (including those publis www.ncver.edu.au).	hed on NCVER's web	osite at
Student Declaration and Consent		
I declare that the information I have provided to the best of my knowledge		Drivery Netice shows
I consent to the collection, use and disclosure of my personal information in	accordance with the	e Privacy Notice above.
Signature	Date	
PARENT/GUARDIAN		
Signature	Date	
*Parental/guardian consent is required for all students		

under the age of 18

Student Handbook Verification

Please make sure you read and understand all parts of this Student Handbook. If there is any aspect with which you are unsure, please contact Trainwest for clarification. After you have finished reading this Handbook, please complete the section below, sign your name and return this page to Trainwest.

I, (print full name), have received a copy of the Trainwest Student Handbook. I acknowledge it is my responsibility to read, understand and follow the terms and conditions it sets out. I understand this does not cancel my rights as applicable according to state and/or federal law. I give permission for a copy of my completed qualification/statement of attainment to be forwarded to my employer/the training organisation that delivered my training.

Student name:

Student signature: _____

USI: _____ Date: _____





Record of Assessment

Unit of Competency	HLTPAT005 - Collect specimens for drugs of abuse testing		
Employee's Name			
Assessor's Name			
Site Name		Date	
Summary of evidence sources	Written Assessment Practical Ass	essment	

Element of Competency -		Not Yet
	Competent	Competent
Did the Candidate perform the following to the required standard		
1. Confirm collection requirements		
2. Prepare for collection procedure		
3. Collect specimen		
4. Follow post collection procedures		
Required Performance and Knowledge evidence		

Assessor Comments:

Employee's Signature	Date	
Assessor's Signature	Date	

Assessment Outlines

Assessment 1 – Breath Alcohol Collection

Participants will be required to undertake a breath alcohol assessment on a donor following standard procedures. Performance to be monitored by a workplace supervisor or course Assessor. Goal –

- Gain familiarity with common breath alcohol testing equipment;
 - Assessments to be performed on self to gain understanding of equipment use;
- Gain familiarity with the delivery of a breath alcohol assessment;
- Breath alcohol assessment to be completed on 2-3 participants;
- Become familiar with the structure of a drugs of abuse test including the delivery of instructions to perform the test.

Assessment 2 – Urine and breath alcohol sample collection

Participants will be required to undertake a urine and breath alcohol assessment on a donor following standard procedures. Performance to be monitored by a workplace supervisor or course Assessor. Goal –

- To demonstrate ability to prepare a work area for collection;
- Demonstrate ability to explain process of assessment effectively to donor;
- Demonstrate ability to collect urine sample (full assessment) with the use of common compliant equipment;
- Demonstrate ability to identify sample integrity issues (low creatinine levels) and respond appropriately;
- Interpret a non-negative result (THC) and implement the appropriate processes to aliquot the sample and prepare for confirmatory testing (chain of custody and storage considerations);
- Demonstrate ability to effectively collect and record breath alcohol assessment.

Assessment 3 – Oral fluid assessment

Participants will be required to undertake an oral fluid and breath alcohol assessment on a donor following standard procedures. Performance to be monitored by a workplace supervisor or course Assessor. Goal –

- To demonstrate ability to prepare a work area for collection;
- Demonstrate ability to explain process of assessment effectively to donor;
- Demonstrate ability to collect oral fluid sample (full assessment) with the use of common compliant equipment;
- Interpret a non-negative result (Cocaine) and implement the appropriate processes to aliquot the sample and prepare for confirmatory testing (chain of custody and storage considerations);
- Demonstrate ability to effectively collect and record breath alcohol assessment.

Assessment 4 – Written theoretical assessment

Participants will be required to complete a series of theoretical questions. Goal –

- Confirm theoretical knowledge of the collection of drugs of abuse testing processes;
- Short answer and true/false or yes/no responses required to assessment items;
- Reference to workbook allowed;
- Discussion with Assessor and fellow students encouraged however work must be students own.

*IMPORTANT TO NOTE – EACH ASSESSMENT MUST BE COMPLETED ON A DIFFERENT DONOR. E.g. Ass 1 = John Smith, Ass 2 = Frank Ocean, Ass 3 = Bill Fisher



Assessment 1 – Authority to test for alcohol

Personal Details	Personal Details		
Name			
Date			
Company			
Job Role			

AUTHORITY TO TEST FOR DRUGS AND ALCOHOL:

- I hereby acknowledge that I am required to undergo tests to determine the existence of alcohol which may affect my performance.
- I consent to the analysis of a specimen of my breath for alcohol
- I declare that the information provided in this form is true and correct
- I consent to the release of the test results to my company

Signature:		
•		

COLLECTION DETAILS AND RESULTS

Alcohol Testing				
Breathalyser Serial No:				
1 st Test	Time:	Reading:		
2 nd Test	Time:	Reading:		
Note: If 1 st test >0.00, a 2 nd test to be done after 20 min; nil by mouth during this time				

Tester's Name:	Signature:	Date:	
Witness Name (<i>if required</i>):		Signature:	

Assessment 2 – MS – Urine Chain of Custody Form – Next Page

GCMS Urine Chain of Custody Form

Place Chain of Custody Barcode here

Surname:								
Sumanie.		Given Names:					I	DOB:
Male / Female	Position:	n: Site Locaiton:						
Identity Check	(circle):	Drivers Licence	18+Card	Passport	t Other ID N	lumber:		
Patient Con	sent:							
the following substar and similar drugs). I	nces: THC (Cann understand that	abinoids, Marijuana the information fro	a), Cocaine met om the assessn	tabolites, C nent will b	piates (eg. Heroin, mo e shared between KINI	rphine), Methan JECT, relevant m	nphetamin nedical pro	lian Standards AS4308:20 e, Benzodlazepines (eg. Va fessionals and the employ n of my fitness for work st
Signature of Dono	r/Guardian: _				Date:			
Witness Signature	:			Date: _				
Reason for Te	st (circle):	Pre-Employme	nt Rando	om Re	asonable Cause/Sus	picion Pos	st Accident	t Periodic
Medications t	aken in th	e last month	:					
Medication		Dosage & La	ast Taken		Medication		Dosa	ge & Last Taken
1.					2.			
3.					4.			
Breath Alco	hol (Br A	C): Was sar	nple provid	led: YES	5/NO Wa	is 2 nd sample	e require	d: YES / NO
Alcolmeter Serial	Number		FIRST SAMPL	E g/210L		SECONE	O SAMPLE	g/210L
Urine Fluid	Point of	Collection	Test:					
	mber:				Expiry D	ate:		
Test Cup Lot Nu					Expiry E			
Test Cup Lot Nu Compliance with	n Appendix A	of AS/NZS 430	8:2008 has	been ac	hieved: YES / N	0 Was	a sampl	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi	n Appendix A ible: YES / N	of AS/NZS 430	8:2008 has ature: °C (3	been ac 3-38°C)	hieved: YES / N	0 Was Creatinin	a sampl e (mg/dl)	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde:	n Appendix A ible: YES / N Normal / A	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde:	n Appendix A ible: YES / N Normal / A	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i>	n Appendix A ible: YES / N Normal / A bnormal (high	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i>	n Appendix A ible: YES / N Normal / A bnormal (high	of AS/NZS 430 NO Temper Nonormal (high) h or low)	8:2008 has ature: °C (3: NPB (N Specific C	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo nal (high or lo	e (mg/dl) e (mg/dl) each): ow)	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results Amphetamine T	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP):	of AS/NZS 430 NO Temper Nonormal (high) h or low)	8:2008 has ature: °C (3: NPB (N Specific C <i>er Testing</i>	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo nal (high or lo	a sampl e (mg/dl) each): ow) Negative	e provided: YES / /): Normal / Abnormal (
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine:	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP):	of AS/NZS 430 NO Temper Ibnormal (high) h or low) Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorn Methamphetamir	O Was Creatining hromate; Blo nal (high or lo ne (MET):	a sampl e (mg/dl) each): ow) Negative Negative	e provided: YES / /): Normal / Abnormal (e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC):	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP): s (BZO):	of AS/NZS 430 NO Temper Nonormal (high) In or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI):	O Was Creatining hromate; Blo nal (high or lo ne (MET):	a sampl e (mg/dl) each): ow) Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP): s (BZO): ble: YES / I	of AS/NZS 430 NO Temper Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	O Was Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf	been ac 3-38°C) Nitrite; P Gravity: irmation	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	O Was Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES / /): Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests	of AS/NZS 430 NO Temper Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity: Îrmation	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	Creatining Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio Amphetamine T (AMP)	a Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I ble: YES / I ble: Ber y that the specir ct. I consent to t e employer/doc held for three m	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I mag	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for dr ised representa y request indep	been ac 3-38°C) Nitrite; P Gravity: Gravity:	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamir Opiates (OPI): Marijuana, Canna a Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese erstand that in the exe	IO Was Creatining chromate; Ble nal (high or loc ne (MET): bis (THC): e test require ne Opi my own and was ne and that the ults to the authon	a sampl e (mg/dl) each): ow) Negative Negative Negative Negative ed): iates PPI) as provided informatio rity that re ed positive	e provided: YES / /): Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP)	a Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests Fype Ber y that the specir ct. I consent to t e employer/doc held for three m nnabis metaboli	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may ites, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t specimen for du sed representa y request indep olites, Opiates.	been ac 3-38°C) Nitrite; P Gravity: Gravity: irmation he b) ecimen acc camper evic rugs and th ative. I und pendent te	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna a Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese her release of these resi erstand that in the eve sting of the specimen	IO Was Creatining chromate; Ble nal (high or le nal (high or le ne (MET): bis (THC): e test require ne Opi	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates oPI) as provided informatio prity that re ed positive t. *Amphet	e provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi (THC) d by me to the authorised on provided on this form a result obtained for any dr
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio Amphetamine T (AMP) I	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests Fype Ber y that the specir ct. I consent to t e employer/doc held for three m nnabis metaboli r/Guardian: _	of AS/NZS 430 NO Tempera Ibnormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may tes, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t specimen for du ised representa y request inder olites, Opiates.	been ac 3-38°C) Nitrite; P Gravity: Gravity: Gravity: Comment time comment time comment time comment time comment time comment time comment time time time time time time time tim	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese he release of these resi erstand that in the eve sting of the specimen Date:	IO Was Creatining chromate; Ble nal (high or le ne (MET): bis (THC): e test require ne Opi cc my own and was ce and that the ulst to the authon of a confirme ob e carried out	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates oPI) as provided informatio prity that re ed positive t. *Amphet	e provided: YES / / Normal / Abnormal (Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi (THC) d by me to the authorised on provided on this form a result obtained for any dr
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP) I	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I on Tests fype Ber y that the specir ct. I consent to t e employer/doc held for three n nnabis metaboli r/Guardian: Authorit essed the don ars above, ears	A of AS/NZS 430 NO Temperative (high) th or low) Negative / Furth Negative / Furth Negative / Furth Negative / Furth NO Required: nzodiazepines (BZO) , cert nen containers wer the analysis of the s tor, or their authoritor nonths so that I may tes, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for di sed representa y request indep olites, Opiates. site location: that the spe fication set fo	been ac 3-38°C) Nitrite; P Gravity: Gravity: Gravity: Comparison Compar	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese re release of these resi erstand that in the even sting of the specimen Date: entified on the form re, and that is has be	IO Was Creatining chromate; Bland mal (high or latentiation) mal (high or latentiation) mal (high or latentiation) main (high or latentiationtiation)	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates DPI) as provided informatio rity that re ed positive t. *Amphet	le provided: YES / / Normal / Abnormal (Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing d by me to the authorised on provided on this form a result obtained for any dr tamine type substances,
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP) I, collector. I also certif on the labels is corre employer/prospectiv the specimen will be Benzodiazepines, Ca Signature of Dono Requesting I certify that I with certification appea accordance with th	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I on Tests I Fype Ber y that the specir ct. I consent of t e employer/doc held for three n nnabis metaboli r/Guardian: Authorit essed the don ars above, ears he instructions	A of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may ites, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for dr ised representa y request indep olites, Opiates. site location: that the spe fication set for ppliance with	been ac 3-38°C) Nitrite; P Gravity: Gravity: Commen acc Commen acce Commen a	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese re release of these resi erstand that in the even sting of the specimen Date: entified on the form re, and that is has be	IO Was Creatining chromate; Ble mal (high or log me (MET): bis (THC): e test require me Opi my own and was to be carried out was provided was provided	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates PPI) as provided informatio prity that re ed positive t. *Amphet	le provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing e / Further Testing d by me to the authorised on provided on this form a equested the testing such a result obtained for any dr tamine type substances, the donor whose vided, labelled and seal

LABORATORY USE ONLY:		
Specimen received by:	Signature:	Date/Time Received:
Identification Number:	Seal Intact: YES / NO	Labels Match: YES / NO

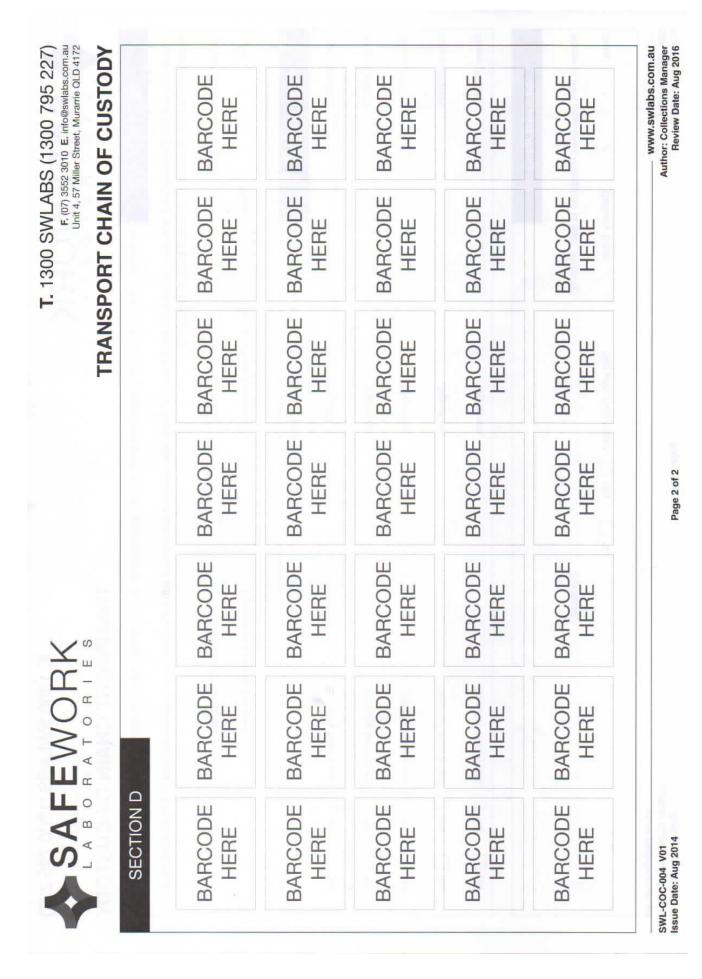
GCMS Urine Chain of Custody Form

Place Chain of Custody Barcode here

Surname:								
Sumanie.		Given Names:					I	DOB:
Male / Female	Position:	n: Site Locaiton:						
Identity Check	(circle):	Drivers Licence	18+Card	Passport	t Other ID N	lumber:		
Patient Con	sent:							
the following substar and similar drugs). I	nces: THC (Cann understand that	abinoids, Marijuana the information fro	a), Cocaine met om the assessn	tabolites, C nent will b	piates (eg. Heroin, mo e shared between KINI	rphine), Methan JECT, relevant m	nphetamin nedical pro	lian Standards AS4308:20 e, Benzodlazepines (eg. Va fessionals and the employ n of my fitness for work st
Signature of Dono	r/Guardian: _				Date:			
Witness Signature	:			Date: _				
Reason for Te	st (circle):	Pre-Employme	nt Rando	om Re	asonable Cause/Sus	picion Pos	st Accident	t Periodic
Medications t	aken in th	e last month	:					
Medication		Dosage & La	ast Taken		Medication		Dosa	ge & Last Taken
1.					2.			
3.					4.			
Breath Alco	hol (Br A	C): Was sar	nple provid	led: YES	5/NO Wa	is 2 nd sample	e require	d: YES / NO
Alcolmeter Serial	Number		FIRST SAMPL	E g/210L		SECONE	O SAMPLE	g/210L
Urine Fluid	Point of	Collection	Test:					
	mber:				Expiry D	ate:		
Test Cup Lot Nu					Expiry E			
Test Cup Lot Nu Compliance with	n Appendix A	of AS/NZS 430	8:2008 has	been ac	hieved: YES / N	0 Was	a sampl	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi	n Appendix A ible: YES / N	of AS/NZS 430	8:2008 has ature: °C (3	been ac 3-38°C)	hieved: YES / N	0 Was Creatinin	a sampl e (mg/dl)	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde:	n Appendix A ible: YES / N Normal / A	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde:	n Appendix A ible: YES / N Normal / A	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i>	n Appendix A ible: YES / N Normal / A bnormal (high	of AS/NZS 430 NO Temper Nonormal (high)	8:2008 has ature: °C (3 NPB (N	been ac 3-38°C) Nitrite; P	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo	a sampl e (mg/dl) each):	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i>	n Appendix A ible: YES / N Normal / A bnormal (high	of AS/NZS 430 NO Temper Nonormal (high) h or low)	8:2008 has ature: °C (3: NPB (N Specific C	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo nal (high or lo	e (mg/dl) e (mg/dl) each): ow)	e provided: YES / I
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results Amphetamine T	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP):	of AS/NZS 430 NO Temper Nonormal (high) h or low)	8:2008 has ature: °C (3: NPB (N Specific C <i>er Testing</i>	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod	O Was Creatinin hromate; Blo nal (high or lo	a sampl e (mg/dl) each): ow) Negative	e provided: YES / /): Normal / Abnormal (
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results : Amphetamine T Benzodiazepine:	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP):	of AS/NZS 430 NO Temper Ibnormal (high) h or low) Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorn Methamphetamir	O Was Creatining hromate; Blo nal (high or lo ne (MET):	a sampl e (mg/dl) each): ow) Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC):	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP): s (BZO):	of AS/NZS 430 NO Temper Nonormal (high) In or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI):	O Was Creatining hromate; Blo nal (high or lo ne (MET):	a sampl e (mg/dl) each): ow) Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ; ype (AMP): s (BZO): ble: YES / I	of AS/NZS 430 NO Temper Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity:	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	O Was Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf	been ac 3-38°C) Nitrite; P Gravity: irmation	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	O Was Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES / /): Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: <i>Normal / Al</i> Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp	n Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests	of AS/NZS 430 NO Temper Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing	been ac 3-38°C) Nitrite; P Gravity: Îrmation	hieved: YES / N yridinium Chlorod Normal / Abnorr Methamphetamir Opiates (OPI): Marijuana, Canna	Creatining Creatining hromate; Blo nal (high or lo ne (MET): bis (THC):	a sampl e (mg/dl) each): ow) Negative Negative Negative	e provided: YES /): Normal / Abnormal (e / Further Testing e / Further Testing
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio Amphetamine T (AMP)	a Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I ble: YES / I ble: Ber y that the specir ct. I consent to t e employer/doc held for three m	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I mag	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for dr ised representa y request indep	been ac 3-38°C) Nitrite; P Gravity: Gravity:	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamir Opiates (OPI): Marijuana, Canna a Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese erstand that in the exe	Creatining Creatining hromate; Ble nal (high or lo ne (MET): bis (THC): e test require ne Opi (C my own and wa the authon to fa confirme	a sampl e (mg/dl) each): ow) Negative Negative Negative Negative ed): iates PPI) as provided informatio rity that re ed positive	e provided: YES / /): Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP)	a Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests Fype Ber y that the specir ct. I consent to t e employer/doc held for three m nnabis metaboli	of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may ites, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t specimen for du sed representa y request indep olites, Opiates.	been ac 3-38°C) Nitrite; P Gravity: Gravity: irmation he b) ecimen acc camper evic rugs and th ative. I und pendent te	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna a Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese her release of these resi erstand that in the eve sting of the specimen	IO Was Creatining chromate; Ble nal (high or le nal (high or le ne (MET): bis (THC): e test require ne Opi	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates oPI) as provided informatio prity that re ed positive t. *Amphet	e provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi (THC) d by me to the authorised on provided on this form a result obtained for any dr
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio Amphetamine T (AMP) I	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I bn Tests Fype Ber y that the specir ct. I consent to t e employer/doc held for three m nnabis metaboli r/Guardian: _	of AS/NZS 430 NO Tempera Ibnormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may tes, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t specimen for du ised representa y request inder olites, Opiates.	been ac 3-38°C) Nitrite; P Gravity: Gravity: Gravity: Comment time comment time comment time comment time comment time comment time comment time time time time time time time tim	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese he release of these resi erstand that in the eve sting of the specimen Date:	IO Was Creatining chromate; Ble nal (high or le ne (MET): bis (THC): e test require ne Opi ne Opi <t< td=""><td>a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates oPI) as provided informatio prity that re ed positive t. *Amphet</td><td>e provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi (THC) d by me to the authorised on provided on this form a result obtained for any dr</td></t<>	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates oPI) as provided informatio prity that re ed positive t. *Amphet	e provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing Marijuana, Cannabi (THC) d by me to the authorised on provided on this form a result obtained for any dr
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP) I	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I on Tests fype Ber y that the specir ct. I consent to t e employer/doc held for three n nnabis metaboli r/Guardian: Authorit essed the don ars above, ears	A of AS/NZS 430 NO Temperative (high) th or low) Negative / Furth Negative / Furth Negative / Furth Negative / Furth NO Required: nzodiazepines (BZO) , cert nen containers wer the analysis of the s tor, or their authoritor nonths so that I may tes, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for di sed representa y request indep olites, Opiates. site location: that the spe fication set fo	been ac 3-38°C) Nitrite; P Gravity: Gravity: Gravity: Comparison Compar	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese re release of these resi erstand that in the even sting of the specimen Date: entified on the form re, and that is has be	IO Was Creatining chromate; Bland mal (high or latentiation) mal (high or latentiation) mal (high or latentiation) main (high or latentiationtiation)	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates DPI) as provided informatio rity that re ed positive t. *Amphet	le provided: YES / / Normal / Abnormal (Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing e / Further Testing d by me to the authorised on provided on this form a result obtained for any dr tamine type substances,
Test Cup Lot Nu Compliance with Control lines visi Glutaraldehyde: pH: Normal / Al Test Results: Amphetamine T Benzodiazepine: Cocaine (COC): Duplicate Samp Confirmatio (Amphetamine T (AMP) I, collector. I also certif on the labels is corre employer/prospectiv the specimen will be Benzodiazepines, Ca Signature of Dono Requesting I certify that I with certification appea accordance with th	Appendix A ible: YES / N Normal / A bnormal (high ype (AMP): s (BZO): ble: YES / I on Tests I Fype Ber y that the specir ct. I consent of t e employer/doc held for three n nnabis metaboli r/Guardian: Authorit essed the don ars above, ears he instructions	A of AS/NZS 430 NO Tempera Nonormal (high) h or low) Negative / Furth Negative / Furth Negative / Furth No Required: nzodiazepines (BZO) , cert men containers wer the analysis of the s tor, or their authori nonths so that I may ites, Cocaine metab	8:2008 has ature: °C (3: NPB (N Specific C er Testing er Testing er Testing Urine Conf Cocair (COC ify that the spe e sealed with t pecimen for dr ised representa y request indep olites, Opiates. site location: that the spe fication set for ppliance with	been ac 3-38°C) Nitrite; P Gravity: Gravity: Commen acc Commen acce Commen a	hieved: YES / M yridinium Chlorod Normal / Abnorn Methamphetamin Opiates (OPI): Marijuana, Canna Testing for (circle Methamphetamin (MET) ompanying this form is dent seals in my prese re release of these resi erstand that in the even sting of the specimen Date: entified on the form re, and that is has be	IO Was Creatining chromate; Ble mal (high or log me (MET): bis (THC): e test require me Opi my own and was to be carried out was provided was provided	a sampl e (mg/dl) each): ow) Negative Negative Negative ed) : iates PPI) as provided informatio prity that re ed positive t. *Amphet	le provided: YES / / Normal / Abnormal (e / Further Testing e / Further Testing e / Further Testing e / Further Testing d by me to the authorised on provided on this form a equested the testing such a result obtained for any dr tamine type substances, the donor whose vided, labelled and seal

LABORATORY USE ONLY:		
Specimen received by:	Signature:	Date/Time Received:
Identification Number:	Seal Intact: YES / NO	Labels Match: YES / NO

SAFEWORK LABORATORIES	TRANSPORT	T. 1300 SWLABS (1300 795 227) F. (07) 3552 3010 E. into@swlabs.com.au Unit 4, 57 Miller Street, Murarrie QLD 4172 SPORT CHAIN OF CUSTODY
SECTION A (MUST BE COMPLETED BY THE C	(MUST BE COMPLETED BY THE COLLECTOR) NOTE: Ensure that a Specimen Barcode for each sample is placed in SECTION D of this form.	ample is placed in SECTION D of this form.
I hereby declare that the specimens conveyed with this Chain of Transport Form were sealed in accordance with Safe Work Laboratories procedures and that prior to their dispatch there were no evidence of broken seals or tampering.	sport Form were sealed in accordance with Safe Work Lat	ooratories procedures and that prior to their
Name of Collector (PRINT): Co	Company: Signature c	Signature of Collector:
Date: / / Time: Security Seal Number:	umber: Number of Packed Samples:	ed Samples:
SECTION B TRANSPORT (MUST BE COMPLET	TRANSPORT (MUST BE COMPLETED BY EACH RESPONSIBLE PERSON - RP - HANDLER)	BODD'S STATE
Name (PRINT):	Signature:	Security Seal Intact: Yes No
Name (PRINT):	Signature:	Security Seal Intact: Ves
Name (PRINT):	Signature:	Security Seal Intact: Ves No
Name (PRINT):	Signature:	Security Seal Intact: Yes No
Name (PRINT):	Signature:	Security Seal Intact: Ves No
SECTION C		
Name of (RP) Specimen Reception at SWL (PRINT):	Signature:	SUDDRE BUDDRAB
Date: / / Delivery Time: Securi	Security Seal Intact: Ves No	
SWL-COC-004 V01 Issue Date: Aug 2014	Page 1 of 2	www.swlabs.com.au Author: Collections Manager Review Date: Aug 2016



•KINNECT TRAINING Assessment 3 – Authority to test for drugs (oral fluid) and alcohol

							Accreditation I	Number: 19386	
PERSONAL DETAILS:	DOB:					Affix barcode here:			
Surname:	Given	Names:			Record	security tag n	umber here:		
IDENTITY CHECK: D Drivers Li	cence 🛛 18+Card	□ Passport	Other Id	lentification	NUMB	ER:			
MEDICATIONS TAKEN IN THE L	AST MONTH:								
MEDICATION	DOSAGE and LAST	TAKEN	MEDICA	ATION		DOSAGE and LAST TAKEN			
1.			2.						
3.			4.						
PATIENT CONSENT:									
following substances: Amphetamine will be shared between KINNECT, re in order to assist with the determinat	type substances, ca elevant medical profe- ion of my fitness for v	nnabinoids, cocaine a ssionals and the empl vork status.	and metabolite: loyer. I undersi	s, opiates and and that I ma	l oxycodone y be require	e. I understan d to discuss i	d that the informa my medical histor	y with the Medical Adviso	
Signature of Donor/Guardian:		Date:	Witne	ss Signature			Date:		
TESTS REQUIRED: Saliva Instant Drug Screen] Breath Alcohol Sci	een							
Reason for Test: 🛛 Random	□ Reaso	nable Cause/Suspi	cion	□ Post acc	ident 🗆	Other:			
Test Device Lot Number:		Expiry o	date:						
SPECIMEN: W	/as a sample provid	ed 🛛 Yes 🗖 No		с	ontrol Line	s Visible 🛛	Yes 🗖 No		
Amphetamine Type Substances (AMP)	□ Negative	□ Further Testing	Required	Opiates (C	PI)	Negative	Furthe	er Testing Required	
Methamphetamine (MET)	□ Negative	☐ Further Testing	Required	Cocaine (C	:OC)	□ Negative	Furthe	er Testing Required	
Marijuana, Cannabis (THC)	Negative	☐ Further Testing	Required	Oxycodon	e (OXY)	Negative	Furth	er Testing Required	
	□ YES Vas sample provid			Was 2 nd sar	nple requi				
Alcolmeter Serial Number:		FIRS	ST SAMPLE g	/210L			SECOND SAMPI	LE g/210L	
CONFIRMATORY TESTING C	ONSENT								
I specimen containers were sealed with t specimen for drugs and the release of th understand that in the event of a confir specimen to be carried out. *Amphetan	amper evident seals in nese results to the auth med positive result obt	my presence and that the nority that requested the ained for any drug(s)*,	the information the testing such a the specimen w	provided on th s employer/pr vill be held for	is form and o ospective em	on the labels is ployer/doctor	correct. I consent , or their authorise	to the analysis of the d representative. I	
Signature of Donor/Guardian:			Date:						
REQUESTING AUTHORITY:	Collec	tion site location:							
I certify that I witnessed the donor signa identification set forth above, and that i									
Name of Collector:							e: Date:		
Quantisal Lot #:									
Compliance with Section 2 of A] NO				
Collection Comments:									
	П РНОТОСОРУ	THIS PAPERWO	RK AND EN	IAIL TO: <u>p</u>	ojects@	kinnect.co	om.au		
Note: Original document must					. h	!	_		
LABORATORY USE ONLY - Ch Specimen Received by (print)		nature	Date/Time I		o nandle tr Identifica Numbri	ition	n Seal Intact	Labels match	

Reason for Test: Random Reasonable Cause/Suspicion Post accident Other: Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided Pysel No Amphetamine Type Substances Negative Further Testing Required Opiates (OPI) Negative Further Testing Required Methamphetamine (MET) Negative Further Testing Required Oxycodone (OXY) Negative Further Testing Required Marijuana, Cannabis (THC) Negative Further Testing Required Oxycodone (OXY) Negative Further Testing Required DUPLICATE SAMPLE: YES NO Was 2 nd sample required: YES SINO Was 2 nd sample required: YES SINO REATH ALCOHOL (Br Ac): Was sample provided: YES SINO Was 2 nd sample required: YES SINO CONFIRMATORY TESTING CONSENT						A (C) - 1		ditation N	lumber: 19386
Sumame:	PERSONAL DETAILS:	DOB:				Affix bo	ircode nere:		
MEDICATIONS TAKEN IN THE LAST MONTH:	Surname:	Given	Names:	Record	Record security tag number here:				
MEDICATIONS TAKEN IN THE LAST MONTH! MEDICATION DOSAGE and LAST TAKEN MEDICATION DOSAGE and LAST TAKEN 1 2 1 1 2 3. 1 2 1 1 3. 1 2 1 1 1 3. 1 2 1 1 1 1 ATTENT CONSENT: 1 0	IDENTITY CHECK: D Drivers L	icence 🛛 18+Card	Passport	Other Ide	entification	NUMB	ER:		
MEDICATION DOSAGE and LAST TAKEN MEDICATION DOSAGE and LAST TAKEN 1. Image: Control of the second sec									_
1. 2. 3. 4. PATIENT CONSENT:			TAKEN	MEDICAT	ΓΙΟΝ		DOSAGE a	und LAST T	AKEN
3. 4. ATTENT CONSENT:		2007.02 4.14 2.10	.,						
ATTENT CONSENT:									
				•			I		
FEST SEQUIRED: Breach Alcohol Screen Reason for Test: Breadon Reason for Test: Reasonable Cause/Suppicton Optiates (OPH) Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided [ves] Control Lines Visible [ves] No Amphetamine Type Substances: Invegative Further Testing Required Optiates (OPH) Invegative Further Testing Required Maringuana, Cannabis (THC) Invegative Further Testing Required Oxycodone (OXY) Invegative Further Testing Required SPECIMEN: Was a sample provided [Ves] No Second State Further Testing Required Opticater Serial Number: YES NO Second SAMPLE g/210L Second SAMPLE g/210L CONFIRMATORY TESTING CONSENT	I,	e type substances, car elevant medical profe	nnabinoids, cocaine and ssionals and the employe	metabolites,	opiates and	oxycodone	e. I understand that	the informat	ion from the assessmer
FEST SEQUIRED: Breach Alcohol Screen Reason for Test: Breadon Reason for Test: Reasonable Cause/Suppicton Optiates (OPH) Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided [ves] Control Lines Visible [ves] No Amphetamine Type Substances: Invegative Further Testing Required Optiates (OPH) Invegative Further Testing Required Maringuana, Cannabis (THC) Invegative Further Testing Required Oxycodone (OXY) Invegative Further Testing Required SPECIMEN: Was a sample provided [Ves] No Second State Further Testing Required Opticater Serial Number: YES NO Second SAMPLE g/210L Second SAMPLE g/210L CONFIRMATORY TESTING CONSENT	Signature of Donor/Guardian:		Date:	Witnes	s Signature:			Date:	
Saliva instant Drug Screen Breath Alcohol Screen Reason for Test: Random Reasonable Cause/Suspicion Post accident Other: Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided [Ves] No Control Lines Visible [Ves] No Amphetamine Type Substances Inegative Further Testing Required Opiates (OPI) Inegative Further Testing Required Methamphetamine (MET) Inegative Further Testing Required Oxycodone (OXY) Inegative Further Testing Required VDUELCATE SAMPLE: YES NO SECOND SAMPLE g/210L SECOND SAMPLE g/210L SAREATH ALCOHOL (Br Ac): Was sample provided: YES INO Was 2 nd sample required: IVES INO Alcolmeter Serial Number:					<u> </u>				
Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided Ves No Control Lines Visible Ves No Amphetamine Type Substances Invegative Further Testing Required Opiates (OPI) Invegative Further Testing Required Methamphetamine (MET) Invegative Further Testing Required Oxicaine (COC) Invegative Further Testing Required Marijuana, Cannabis (THC) Invegative Further Testing Required Oxycodone (OXY) Invegative Further Testing Required SREATH ALCOHOL (Br Ac): Was sample provided: IYES NO Was 2 nd sample required: IYES NO SREATH ALCOHOL (Br Ac): Was sample provided: IYES NO Was 2 nd sample required: IYES NO ONFIRMATORY TESTING CONSENT		□ Breath Alcohol Scr	reen						
Test Device Lot Number: Expiry date: SPECIMEN: Was a sample provided Ves No Control Lines Visible Ves No Amphetamine Type Substances Invegative Further Testing Required Opiates (OPI) Invegative Further Testing Required Methamphetamine (MET) Invegative Further Testing Required Oxicaine (COC) Invegative Further Testing Required Marijuana, Cannabis (THC) Invegative Further Testing Required Oxycodone (OXY) Invegative Further Testing Required SREATH ALCOHOL (Br Ac): Was sample provided: IYES NO Was 2 nd sample required: IYES NO SREATH ALCOHOL (Br Ac): Was sample provided: IYES NO Was 2 nd sample required: IYES NO ONFIRMATORY TESTING CONSENT	Reason for Test:	n 🗆 Reaso	nable Cause/Suspicio	on E] Post accid	dent D] Other:		
SPECIMEN: was a sample provided Ves No Amphetamine Type Substances Inegative IPurther Testing Required Opiates (0PI) Inegative IPurther Testing Required Maripuana, Cannabis (THC) Inegative IPurther Testing Required Oxycodone (CXY) Inegative IPurther Testing Required Marijuana, Cannabis (THC) Inegative IPurther Testing Required Oxycodone (CXY) Inegative IPurther Testing Required SPECIMEN: INEgative IPurther Testing Required Oxycodone (CXY) Inegative IPurther Testing Required Marijuana, Cannabis (THC) Inegative IPurther Testing Required Oxycodone (CXY) Inegative IPurther Testing Required SPECIMEN: IYES INO Was 2nd sample required: IYES INO SECOND SAMPLE g/210L Seconstruct Econstruct FIRST SAMPLE g/210L SECOND SAMPLE g/210L Seconstruct. I consent to the analysis of the perimen containers were sealed with tamper evident stals in my presence and that the information provided on this form and on the labelistic consent to the analysis of the perimen for diage and the relase of the servest. To that ant the information provided on this form and on the labelistic corect. I consent to the analysis of the perimen for diage and the relase of the servest. To that anthor the specimen identified on the form was provide	Test Device Lot Number:		•						
(MMP) En duiter Counie (Counie) (Couni		Nas a sample provid	• •		Co	ntrol Line	s Visible 🗆 Yes 🕻] No	
Marijuana, Cannabis (THC) Integrative Entrogenere Entrogenere Entrogenere Entrogenere Entrogenere Entrogenere DUPLICATE SAMPLE: Imagenere Imageneree Imagenere Imagenere Imagenere Imagenere Imageneree <	(AMP)	_	Further Testing Rev	quired				Furthe	r Testing Required
DUPLICATE SAMPLE: YES NO SREATH ALCOHOL (Br Ac): Was sample provided: YES DNO Alcolmeter Serial Number: FIRST SAMPLE g/210L SECOND SAMPLE g/210L SECONFIRMATORY TESTING CONSENT	Methamphetamine (MET)	□ Negative	Further Testing Reg	quired	Cocaine (CO	C)	□Negative	□Furthe	r Testing Required
SREATH ALCOHOL (Br Ac): Was sample provided: YES No Alcolmeter Serial Number: FIRST SAMPLE g/210L SECOND SAMPLE g/210L CONFIRMATORY TESTING CONSENT	Marijuana, Cannabis (THC)	□ Negative	□ Further Testing Re	quired	Oxycodone	(OXY)	□ Negative	Furthe	r Testing Required
Alcolmeter Serial Number: FIRST SAMPLE g/210L SECOND SAMPLE g/210L CONFIRMATORY TESTING CONSENT	DUPLICATE SAMPLE:				Mac and com				
CONFIRMATORY TESTING CONSENT Confirmation Confirmation Confirmation Confirmation Confirmation Confirmation Confirmation Consent Consent	· · · ·					ipie requi			
certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the pecimen containers were sealed with tamper evident seals in my presence and that the information provided on this form and on the labels is correct. I consent to the analysis of the pecimen for drugs and the release of these results to the authority that requested the testing such as employer/prospective employer/doctor, or their authorised representative. I inderstand that in the event of a confirmed positive result to obtained for any drug(s)*, the specimen will be held for three months so that I may request independent testing of the pecimen to be carried out. *Amphetamine type substances, Cannabis metabolites, Cocaine metabolites, Oplates. iginature of Donor/Guardian: Date:	Alcolmeter Serial Number:		FIRST	SAMPLE g/2	210L		SECO	ND SAMPL	E g/210L
certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the pecimen containers were sealed with tamper evident seals in my presence and that the information provided on this form and on the labels is correct. I consent to the analysis of the pecimen for drugs and the release of these results to the authority that requested the testing such as employer/prospective employer/doctor, or their authorised representative. I inderstand that in the event of a confirmed positive result to obtained for any drug(s)*, the specimen will be held for three months so that I may request independent testing of the pecimen to be carried out. *Amphetamine type substances, Cannabis metabolites, Cocaine metabolites, Oplates. iginature of Donor/Guardian: Date:									
pecimen containers were sealed with tamper evident seals in my presence and that the information provided on this form and on the labels is correct. I consent to the analysis of the pecimen for drugs and the release of these results to the authority that requested the testing such as employer/prospective employer/doctor, or their authorised representative. I inderstand that in the event of a confirmed positive result obtained for any drug(s)*, the specimen will be held for three months so that I may request independent testing of the pecimen to be carried out. *Amphetamine type substances, Cannabis metabolites, Cocaine metabolites, Opiates. iginature of Donor/Guardian:Date:	CONFIRMATORY TESTING	LONSENT							
REQUESTING AUTHORITY: Collection site location: certify that I witnessed the donor signature and that the specimen identified on the form was provided to me by the donor whose certification appears above, bears the same dentification set forth above, and that is has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS 4760:2006. vame of Collector: Signature: ID no: Collection Time: Date:	specimen containers were sealed with specimen for drugs and the release of t understand that in the event of a confi	tamper evident seals in these results to the auth rmed positive result obt	my presence and that the nority that requested the te cained for any drug(s)*, the	information presting such as e specimen will	rovided on this employer/pros I be held for th	s form and o spective em	on the labels is correport ployer/doctor, or the	ct. I consent te eir authorised	o the analysis of the representative. I
certify that I witnessed the donor signature and that the specimen identified on the form was provided to me by the donor whose certification appears above, bears the same dentification set forth above, and that is has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS 4760:2006. Name of Collector:	Signature of Donor/Guardian:								
dentification set forth above, and that is has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS 4760:2006. Name of Collector:	REQUESTING AUTHORITY:	Collec	tion site location:						
Name of Collector:Signature:ID no:Collection Time: Date: Quantisal Lot #:Quantisal Expiry Date: Compliance with Section 2 of AS/NZS 4760:2006 has been achieved I YES I NO Collection Comments: Collection Comments: Collection Comments: DHOTOCOPY THIS PAPERWORK AND EMAIL TO: projects@kinnect.com.au Note: Original document must accompany specimen sealed inside the specimen bag. LABORATORY USE ONLY - Chain of Custody to be completed by all specified personnel who handle the specimen Specimen Received by (print) Signature Date/Time Received Identification Seal Intact Labels match Number YES / NO YES / NO YES / NO YES / NO									
Quantisal Lot #: Quantisal Expiry Date: Compliance with Section 2 of AS/NZS 4760:2006 has been achieved I YES NO Collection Comments:									
Compliance with Section 2 of AS/NZS 4760:2006 has been achieved Image: Section Comments: Collection Comments: Image: Section Comments: Image: PHOTOCOPY THIS PAPERWORK AND EMAIL TO: projects@kinnect.com.au Note: Original document must accompany specimen sealed inside the specimen bag. Image: Section of Custody to be completed by all specified personnel who handle the specimen Specimen Received by (print) Signature Image: Date/Time Received Identification Seal Intact Labels match Number YES/NO YES/NO YES/NO YES/NO YES/NO									
Interstand Dete: Original document must accompany specimen sealed inside the specimen bag. LABORATORY USE ONLY - Chain of Custody to be completed by all specified personnel who handle the specimen Specimen Received by (print) Signature Date/Time Received Identification Number Seal Intact Labels match Image: Colspan="3">VIES / NO YES / NO YES / NO YES / NO YES / NO YES / NO				Γ	YES 🗆	l no			
Interstand Dete: Original document must accompany specimen sealed inside the specimen bag. LABORATORY USE ONLY - Chain of Custody to be completed by all specified personnel who handle the specimen Specimen Received by (print) Signature Date/Time Received Identification Number Seal Intact Labels match Image: Colspan="3">VIES / NO YES / NO YES / NO YES / NO YES / NO YES / NO	Collection Comments:								
LABORATORY USE ONLY - Chain of Custody to be completed by all specified personnel who handle the specimen Specimen Received by (print) Signature Date/Time Received Identification Seal Intact Labels match Mumber VES / NO YES / NO YES / NO YES / NO		П РНОТОСОРУ	THIS PAPERWORK	AND EMA	AIL TO: pro	ojects@l	kinnect.com.a	<u>u</u>	
Specimen Received by (print) Signature Date/Time Received Identification Number Seal Intact Labels match YES / NO YES / NO YES / NO YES / NO	-					1 11 11			
Number YES/NO YES/NO YES/NO YES/NO YES/NO								ntact	Labels match
YES/NO YES/NO							er		

Observation Checklist

The below is to be completed by a KINNECT Training Assessor OR the Workplace Supervisor. Student must demonstrate the outlined behaviours during the process of assessment. If improvement in an activity is required by the student feedback is to be provided in the comments section and recorded in writing in the comments section. If competency unable to be achieved the student should be provided an opportunity to practice the required skill and be assessed at a later date.

Confirm collection requirements	Oral	Urine	Breath	Comments
During demonstration the student courteously greeted the donor, clarified identity of the donor and clearly explained purpose of the tests to be conducted and the requirement for participation?				
Student clearly obtained consent to undertake the tests?				
Student provided clear instructions on how donor was to perform the tests?				
Student displayed ability to prepare environment and equipment for use in testing?				

Prepare for collection procedure	Oral	Urine	Breath	Comments
Student identified correct paperwork for the assessments being undertaken?				
Student selected correct equipment for the assessment and was able to prepare area appropriately for required assessments				
Student outlined correct procedures for the assessment including, as appropriate, the selection of the testing kit, removal of excess clothing and storage of possessions?				

Collect Specimen	Oral	Urine	Breath	Comments
Student utilised appropriate PPE for the test?				
Appropriate infection control / hygiene processes were adopted (eg – cleaning spills as needed, washing hands)				
Donor was observed providing specimen appropriately by the student according to test conducted				
Student completed all required relevant paperwork in a timely manner and submitted documents as evidence?				
Student responded appropriately to non-negative sample situation provided by assessor for oral, urine and breath assessments				
Student ensured that donor was present throughout the interpretation of the results				
Security of the sample was maintained during the collection				



Follow post collection procedures	Oral	Urine	Breath	Comments
Testing equipment was disposed of appropriately				
Appropriate labelling of sample and chain of custody processes were followed				
Samples were stored appropriately				
Student demonstrated an understanding of the chain of custody process. This includes completing all relevant paperwork, securing the samples, and storage requirements.				

Competency Declaration

Supervisor Declaration

As the Supervisor monitoring the work activities of this student, I declare that I work in a drugs of abuse collection role for an average of at least 18 hours per fortnight period

Supervisor Name	
Date	
Email	
Contact Number (will be used to contact Supervisor and verify details of practical activities).	
Supervisor Signature	

Assessor Declaration - To be completed by a KINNECT Training Trainer Assessor ONLY

If an external Supervisor was utilised for the assessment you will need to make contact with the Supervisor and complete the below declarations.

If you the Assessor has supervised the practical component, please also complete the Supervisor declaration above.

Was a Supervisor utilised to oversee the practical component?	Yes / No
If a supervisor was used to observe the practical, was this confirmed by the Trainer Assessor?	Yes / No / NA
Date process confirmed	
Assessor Name	
Student Competency	Satisfactory / Not Yet Satisfactory
Assessor Signature	
Date	

KINNECT Training Course Satisfaction Survey

Your Course With KINNECT Training

Thanks for attending the course with KINNECT Training. We would love to know what you thought of the experience with KINNECT Training so we can continue to provide better services. Below are 6 questions that are very valuable to help us understand if we are providing the service you need. If you would like to provide more detailed feedback directly to KINNECT Training please send an email to <u>training@kinnect.com.au</u> or call 1300 591 548.

What was the course you completed?_

·KINECT

	v would yo lic Student:	-	^r enrolmen	t experienc	e leading ι	ıp to this co	ourse? (App	licable to			
1	2	3	4	5	6	7	8	9	10		
Poor									Excellent		
2. The Trainer / Assessor effectively supported my learning in this course?											
1	2	3	4	5	6	7	8	9	10		
Strongly Disagree									Strongly Agree		
3. The	training h	ad a good n	nix of theo	ry and prac	tical learni	ng?					
1	2	3	4	5	6	7	8	9	10		
Strongly Disagree									Strongly Agree		
4. The course materials provided were appropriate and supported my learning?											
1	2	3	4	5	6	7	8	9	10		
Strongly Disagree									Strongly Agree		
		ay we coul perience wi	-			ou have any	y further co	mments			
Do you pro	vide permi	ission for K	INNECT Tra	ining to us	e the comr	nents prov	ided as test	imonials?			

*If used only your first and last name initial will be provided. E.g. John S

Yes

No

If yes, please provide your first name and last name initial:

Signature: