



# HLTPAT005

## Collect Specimens for Drugs of Abuse Testing

*Student Material BLENDED Assessment Workbook*

<b>STUDENT NAME</b>	
<b>DATE</b>	

## Enrolment Form

ALL fields of this enrolment form are mandatory

Course Details	
<b>Course Name</b> (UoC or qualification)	
<b>Start Date &amp; Location</b>	
Personal Details	
<b>Family Name</b>	<i>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.</i>
<b>Given Name/s</b>	
<b>Date of Birth</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<b>Unique Student Identifier:</b>	To register for your Unique student ID number; please visit: <a href="http://usi.gov.au">http://usi.gov.au</a> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> </div>
Contact Details	
<b>Residential Address</b> <i>Please provide the physical address (street number and name <b>not</b> post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.</i>	<i>Building/property name</i>
	<i>Flat/unit details</i>
	<i>Street number</i>
	<i>Street name</i>
	<i>Suburb, locality or town</i>
	<i>State identifier</i>
	<i>Postcode</i>
<b>Postal Address</b> <i>(If different from above)</i>	<i>Building/property name</i>
	<i>Flat/unit details</i>
	<i>Street number</i>
	<i>Street name</i>
	<i>Postal Delivery Box</i>
	<i>Suburb, locality or town</i>
	<i>State identifier</i>
<i>Postcode</i>	
<b>Telephone No.</b>	
<b>E-mail:</b>	

## 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 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

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander

### Do you consider yourself to have a disability, impairment or long term condition?

- Yes  
 No

### If YES, please indicate the areas of disability impairment or long term condition.

- Hearing/Deaf  
 Physical  
 Intellectual  
 Learning  
 Mental Illness  
 Acquired brain impairment  
 Vision  
 Medical condition  
 Other: \_\_\_\_\_

### What is your highest COMPLETED school year?

- Completed Year 12  
 Completed Year 11  
 Completed Year 10  
 Completed Year 9  
 Completed Year 8 or lower  
 Never attended school

### Are you still enrolled in secondary or senior secondary education?

- Yes  
 No

### 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)  
 Certificate III (or Trade Certificate)  
 Certificate II  
 Certificate I  
 Certificates other than the above

### Of the following categories, which BEST describes your current employment status? (tick one box only)

- Full-Time employee  
 Part-Time employee  
 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

### 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  
 To start my own business  
 To try for a different career  
 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 of Attainment?**

If YES, please provide copies

Yes  No

**Are you currently on a student visa?**

If YES, please indicate which visa;

Yes  No

Comments:

## Privacy Statement & Student Declaration

Under the *Data Provision Requirements 2012*, Trainwest is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Trainwest for statistical, regulatory and research purposes. Trainwest may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship 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 following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an 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 accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

<b>Signature</b>		<b>Date</b>	
<b>PARENT/GUARDIAN Signature</b> <i>*Parental/guardian consent is required for all students under the age of 18</i>		<b>Date</b>	

## Student Handbook Verification

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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.

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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	<input type="checkbox"/> Written Assessment <input type="checkbox"/> Practical Assessment		

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

**Assessor Comments:**

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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;
  - o 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	
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:	
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#### COLLECTION DETAILS AND RESULTS

Alcohol Testing			
Breathalyser Serial No: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>			
1 <sup>st</sup> Test	Time:	Reading:	<span style="border: 1px solid black; display: inline-block; width: 90%; height: 15px;"></span>
2 <sup>nd</sup> Test	Time:	Reading:	<span style="border: 1px solid black; display: inline-block; width: 90%; height: 15px;"></span>
<i>Note: If 1<sup>st</sup> test &gt;0.00, a 2<sup>nd</sup> test to be done after 20 min; nil by mouth during this time</i>			

Tester's Name:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>	Signature:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>	Date:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>
Witness Name (if required):	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>	Signature:	<span style="border: 1px solid black; display: inline-block; width: 95%; height: 15px;"></span>		

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



# GCMS Urine Chain of Custody Form

Place Chain of Custody Barcode here

## Personal Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_

Male / Female Position: \_\_\_\_\_ Site Location: \_\_\_\_\_

Identity Check (circle): *Drivers Licence* *18+Card* *Passport* *Other* ID Number: \_\_\_\_\_

## Patient Consent:

I, \_\_\_\_\_, do hereby consent to undergo a urine drug analysis in accordance with Australian Standards AS4308:2008 for the following substances: THC (Cannabinoids, Marijuana), Cocaine metabolites, Opiates (eg. Heroin, morphine), Methamphetamine, Benzodiazepines (eg. Valium and similar drugs). I understand that the information from the assessment will be shared between KINNECT, relevant medical professionals and the employer. I understand that I may be required to discuss my medical history with the Medical Advisor in order to assist with the determination of my fitness for work status.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Test (circle): *Pre-Employment* *Random* *Reasonable Cause/Suspicion* *Post Accident* *Periodic*

## Medications taken in the last month:

Medication	Dosage & Last Taken	Medication	Dosage & Last Taken
1.		2.	
3.		4.	

Breath Alcohol (Br Ac): Was sample provided: *YES / NO* Was 2<sup>nd</sup> sample required: *YES / NO*

Alcolmeter Serial Number	FIRST SAMPLE g/210L	SECOND SAMPLE g/210L

## Urine Fluid Point of Collection Test:

Test Cup Lot Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Compliance with Appendix A of AS/NZS 4308:2008 has been achieved: *YES / NO* Was a sample provided: *YES / NO*

Control lines visible: *YES / NO* Temperature: °C (33-38°C) \_\_\_\_\_ Creatinine (mg/dl): \_\_\_\_\_

Glutaraldehyde: *Normal / Abnormal (high)* NPB (Nitrite; Pyridinium Chlorochromate; Bleach): *Normal / Abnormal (high)*

pH: *Normal / Abnormal (high or low)* Specific Gravity: *Normal / Abnormal (high or low)*

## Test Results:

Amphetamine Type (AMP): *Negative / Further Testing* Methamphetamine (MET): *Negative / Further Testing*

Benzodiazepines (BZO): *Negative / Further Testing* Opiates (OPI): *Negative / Further Testing*

Cocaine (COC): *Negative / Further Testing* Marijuana, Cannabis (THC): *Negative / Further Testing*

Duplicate Sample: *YES / NO*

Confirmation Tests Required: Urine Confirmation Testing for (circle test required) :

Amphetamine Type (AMP)	Benzodiazepines (BZO)	Cocaine (COC)	Methamphetamine (MET)	Opiates (OPI)	Marijuana, Cannabis (THC)
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I, \_\_\_\_\_, certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the specimen 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 specimen 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 understand 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 specimen to be carried out. \*Amphetamine type substances, Benzodiazepines, Cannabis metabolites, Cocaine metabolites, Opiates.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Authority: Collection site location: \_\_\_\_\_

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 identification set forth above, and that it has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS/NZS 4308:2008.

Name of Collector: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time of collection: \_\_\_\_\_ Collector ID: \_\_\_\_\_ Collection Comments: \_\_\_\_\_

## 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

## Personal Details:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_

Male / Female Position: \_\_\_\_\_ Site Location: \_\_\_\_\_

Identity Check (circle): *Drivers Licence* *18+Card* *Passport* *Other* ID Number: \_\_\_\_\_

## Patient Consent:

I, \_\_\_\_\_, do hereby consent to undergo a urine drug analysis in accordance with Australian Standards AS4308:2008 for the following substances: THC (Cannabinoids, Marijuana), Cocaine metabolites, Opiates (eg. Heroin, morphine), Methamphetamine, Benzodiazepines (eg. Valium and similar drugs). I understand that the information from the assessment will be shared between KINNECT, relevant medical professionals and the employer. I understand that I may be required to discuss my medical history with the Medical Advisor in order to assist with the determination of my fitness for work status.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Test (circle): *Pre-Employment* *Random* *Reasonable Cause/Suspicion* *Post Accident* *Periodic*

## Medications taken in the last month:

Medication	Dosage & Last Taken	Medication	Dosage & Last Taken
1.		2.	
3.		4.	

Breath Alcohol (Br Ac): Was sample provided: *YES / NO* Was 2<sup>nd</sup> sample required: *YES / NO*

Alcolmeter Serial Number	FIRST SAMPLE g/210L	SECOND SAMPLE g/210L

## Urine Fluid Point of Collection Test:

Test Cup Lot Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Compliance with Appendix A of AS/NZS 4308:2008 has been achieved: *YES / NO* Was a sample provided: *YES / NO*

Control lines visible: *YES / NO* Temperature: °C (33-38°C) \_\_\_\_\_ Creatinine (mg/dl): \_\_\_\_\_

Glutaraldehyde: *Normal / Abnormal (high)* NPB (Nitrite; Pyridinium Chlorochromate; Bleach): *Normal / Abnormal (high)*

pH: *Normal / Abnormal (high or low)* Specific Gravity: *Normal / Abnormal (high or low)*

## Test Results:

Amphetamine Type (AMP): *Negative / Further Testing* Methamphetamine (MET): *Negative / Further Testing*

Benzodiazepines (BZO): *Negative / Further Testing* Opiates (OPI): *Negative / Further Testing*

Cocaine (COC): *Negative / Further Testing* Marijuana, Cannabis (THC): *Negative / Further Testing*

Duplicate Sample: *YES / NO*

Confirmation Tests Required: Urine Confirmation Testing for (circle test required) :

Amphetamine Type (AMP)	Benzodiazepines (BZO)	Cocaine (COC)	Methamphetamine (MET)	Opiates (OPI)	Marijuana, Cannabis (THC)
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I, \_\_\_\_\_, certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the specimen 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 specimen 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 understand 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 specimen to be carried out. \*Amphetamine type substances, Benzodiazepines, Cannabis metabolites, Cocaine metabolites, Opiates.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Authority: Collection site location: \_\_\_\_\_

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 identification set forth above, and that it has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS/NZS 4308:2008.

Name of Collector: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time of collection: \_\_\_\_\_ Collector ID: \_\_\_\_\_ Collection Comments: \_\_\_\_\_

## LABORATORY USE ONLY:

Specimen received by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Seal Intact: *YES / NO* Labels Match: *YES / NO*



**T. 1300 SWLABS (1300 795 227)**  
 F. (07) 3552 3010 E. info@swlabs.com.au  
 Unit 4, 57 Miller Street, Murarrie QLD 4172

**TRANSPORT CHAIN OF CUSTODY**

**SECTION A**

*(MUST BE COMPLETED BY THE COLLECTOR) NOTE: Ensure that a Specimen Barcode for each sample 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.

Name of Collector (PRINT): \_\_\_\_\_ Company: \_\_\_\_\_ Signature of Collector: \_\_\_\_\_

Date: / / Time: \_\_\_\_\_ Security Seal Number: \_\_\_\_\_ Number of Packed Samples: \_\_\_\_\_

**SECTION B**

*TRANSPORT (MUST BE COMPLETED BY EACH RESPONSIBLE PERSON - RP - HANDLER)*

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Security Seal Intact:  Yes  No

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Security Seal Intact:  Yes  No

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Security Seal Intact:  Yes  No

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Security Seal Intact:  Yes  No

Name (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Security Seal Intact:  Yes  No

**SECTION C**

Name of (RP) Specimen Reception at SWL (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: / / Delivery Time: \_\_\_\_\_ Security Seal Intact:  Yes  No



T. 1300 SWLABS (1300 795 227)  
F. (07) 3552 3010 E. info@swlabs.com.au  
Unit 4, 57 Miller Street, Murarrie QLD 4172

### TRANSPORT CHAIN OF CUSTODY

#### SECTION D

BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE	BARCODE HERE
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**Assessment 3 – Authority to test for drugs (oral fluid) and alcohol**

**NATA Accreditation Number: 19386**

**PERSONAL DETAILS:**

DOB: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Affix barcode here:
Record security tag number here:

**IDENTITY CHECK:**  Drivers Licence  18+Card  Passport  Other Identification NUMBER: \_\_\_\_\_

**MEDICATIONS TAKEN IN THE LAST MONTH:**

MEDICATION	DOSAGE and LAST TAKEN	MEDICATION	DOSAGE and LAST TAKEN
1.		2.	
3.		4.	

**PATIENT CONSENT:**

I, \_\_\_\_\_, do hereby consent to undergo a saliva drug analysis in accordance with Australian Standards AS/NZS 4760:2019 for the following substances: Amphetamine type substances, cannabinoids, cocaine and metabolites, opiates and oxycodone. I understand that the information from the assessment will be shared between KINNECT, relevant medical professionals and the employer. I understand that I may be required to discuss my medical history with the Medical Advisor in order to assist with the determination of my fitness for work status.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TESTS REQUIRED:--**

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  Yes  No Control Lines Visible  Yes  No

Substance	Negative	Further Testing Required	Substance	Negative	Further Testing Required
Amphetamine Type Substances (AMP)	<input type="checkbox"/>	<input type="checkbox"/>	Opiates (OPI)	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (MET)	<input type="checkbox"/>	<input type="checkbox"/>	Cocaine (COC)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana, Cannabis (THC)	<input type="checkbox"/>	<input type="checkbox"/>	Oxycodone (OXY)	<input type="checkbox"/>	<input type="checkbox"/>

**DUPLICATE SAMPLE:**  YES  NO

**BREATH ALCOHOL (Br Ac):** Was sample provided:  YES  NO Was 2<sup>nd</sup> sample required:  YES  NO

Alcolmeter Serial Number:	FIRST SAMPLE g/210L	SECOND SAMPLE g/210L

**CONFIRMATORY TESTING CONSENT**

I, \_\_\_\_\_ certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the specimen 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 specimen 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 understand 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 specimen to be carried out. \*Amphetamine type substances, Cannabis metabolites, Cocaine metabolites, Opiates.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTING AUTHORITY:** **Collection site location:** \_\_\_\_\_

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 identification set forth above, and that it has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS 4760:2006.

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  YES  NO

Collection Comments: \_\_\_\_\_

**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 Number	Seal Intact	Labels match
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO

**NATA Accreditation Number: 19386**

**PERSONAL DETAILS:**

DOB: \_\_\_\_\_

Affix barcode here:

Record security tag number here:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

**IDENTITY CHECK:**  Drivers Licence  18+Card  Passport  Other Identification NUMBER: \_\_\_\_\_

**MEDICATIONS TAKEN IN THE LAST MONTH:**

MEDICATION	DOSAGE and LAST TAKEN	MEDICATION	DOSAGE and LAST TAKEN
1.		2.	
3.		4.	

**PATIENT CONSENT:**

I, \_\_\_\_\_, do hereby consent to undergo a saliva drug analysis in accordance with Australian Standards AS/NZS 4760:2019 for the following substances: Amphetamine type substances, cannabinoids, cocaine and metabolites, opiates and oxycodone. I understand that the information from the assessment will be shared between KINNECT, relevant medical professionals and the employer. I understand that I may be required to discuss my medical history with the Medical Advisor in order to assist with the determination of my fitness for work status.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TESTS REQUIRED:--**

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  Yes  No **Control Lines Visible**  Yes  No

Amphetamine Type Substances (AMP)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required	Opiates (OPI)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required
Methamphetamine (MET)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required	Cocaine (COC)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required
Marijuana, Cannabis (THC)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required	Oxycodone (OXY)	<input type="checkbox"/> Negative	<input type="checkbox"/> Further Testing Required

**DUPLICATE SAMPLE:**  YES  NO

**BREATH ALCOHOL (Br Ac):** Was sample provided:  YES  NO Was 2<sup>nd</sup> sample required:  YES  NO

Alcolmeter Serial Number:	FIRST SAMPLE g/210L	SECOND SAMPLE g/210L

**CONFIRMATORY TESTING CONSENT**

I ..... certify that the specimen accompanying this form is my own and was provided by me to the authorised collector. I also certify that the specimen 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 specimen 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 understand 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 specimen to be carried out. \*Amphetamine type substances, Cannabis metabolites, Cocaine metabolites, Opiates.

Signature of Donor/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUESTING AUTHORITY:** \_\_\_\_\_ **Collection site location:** \_\_\_\_\_

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 identification set forth above, and that it has been collected, tested, divided, labelled and sealed in accordance with the instructions provided in compliance with AS 4760:2006.

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  YES  NO

Collection Comments: \_\_\_\_\_

**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 Number	Seal Intact	Labels match
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO

## 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student clearly obtained consent to undertake the tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student provided clear instructions on how donor was to perform the tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student displayed ability to prepare environment and equipment for use in testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

## 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

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

### 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.

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



# 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 [training@kinnecttraining.com.au](mailto:training@kinnecttraining.com.au) or call 1300 591 548.

**What was the course you completed?** \_\_\_\_\_

**1. How would you rate your enrolment experience leading up to this course? (Applicable to Public Students Only)**

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 had a good mix of theory and practical learning?**

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

**5. What is one way we could improve this program, or do you have any further comments about your experience with KINNECT Training?**

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**Do you provide permission for KINNECT Training to use the comments provided as testimonials?**

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

<b>Yes</b>	<b>No</b>
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If yes, please provide your first name and last name initial:
Signature: