VUL-FRM-08-03-Drug and Alcohol Permanent Screening Record

Section 1: Testing Details

Location:	Vulcan Mine	Date:		Time (24hr):	

Test Type:	Random ☐	Pre-Employment ☐	Post-Incident ☐	Challenge ☐

Section 2: Donor Details

Company:	Vitrinite ☐	Turner's Eng. ☐	Haulage ☐	Other _____

Donor Name:		DOB:	

Identification:	YES NO	Type:		ID #:	

Section 3: Medication Declaration and Obligations

- This form is part of the Vulcan Mine safety health management system.
- The drug and/or alcohol test results obtained SHALL ONLY be used by the Vulcan Mine and/or site designated collection agency.
- It is agreed, collected specimen(s) may be delivered to a designated collection agency for additional analysis, as deemed necessary.
- Donor agrees with the consent of this form and confirms the answers provided are true and correct.
- Donor is responsible for declaring any prescription/non-prescription medications they are taking as certain medications can affect test results.

Declared medications:

Donor acknowledges their obligations with regards to Drugs and Alcohol whilst at Vulcan Mine?
YES NO - Donor required to review of site's Drug and Alcohol requirements prior to testing.

Donor Name:		**Collector Name:**	
Donor Signature:		**Collector Signature:**	

Section 4: Test Results

Breath Alcohol Test

Device ID:				Calibration Due Date:		
BAC Result 1:		Time (24hr):		BAC Result 2:		Time (24hr):

Drug Test

Device Model:			Lot/Batch#:			Expiry Date:	
Drug Class:	**THC**	**COC**	**OPI**	**METH**	**AMP**	**BZO**	**OXY**
Test Results:							
Key:	N = Negative		U = Unconfirmed Positive (Requires further testing)			X = Not Tested	

Donor Name:		**Collector Name:**	
Donor Signature:		**Collector Signature:**	