



Health Professional Councils Authority

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Email: [HPCA-Mail@health.nsw.gov.au](mailto:HPCA-Mail@health.nsw.gov.au)  
Online: [www.hpcanew.gov.au](http://www.hpcanew.gov.au)

## Alcohol Breath-Testing Form

Complete this form and send it to us within 7 days of alcohol breath-testing conditions being placed on your registration. Email: [hpcanew-monitoring@health.nsw.gov.au](mailto:hpcanew-monitoring@health.nsw.gov.au) Fax: 02 9281 2030. If you have any problems completing this form you must contact us immediately.

Your name	
Date	

### Breath-testing device

What device have you purchased/hired?

☐ Lion SD 400  
Touch

☐ Lion SD 400

☐ Draeger 5820

☐ Draeger 6820

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

Proof attached

☐ Yes

☐ No

### Device servicing plan

What date is your device due for service?

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### Breath-testing supervisor: Participant to complete

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

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

Name of nominated supervisor

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Name of nominated supervisor

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Name of nominated supervisor

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☐

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

I have provided each nominated supervisor with a copy of:

☐ Yes ☐ No

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

I understand that any approved supervisors must comply with the *Supervisor procedure: breath-testing for alcohol* and that he/she must inform the Council if:

☐ Yes ☐ No

- I have a positive breath-test
- I do not attend for breath-testing as required
- If they have any other concerns about my compliance with conditions on my registration.

I certify that this information is true and correct.

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Your signature

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Date