

# Notification form

www.onrsr.com.au

## Drug and alcohol testing undertaken in NSW

### Instructions

- This form only applies in respect of railway operations carried out within New South Wales.
- Use this form to notify ONRSR of non-negative or positive drug and alcohol test results, as required under regulation 28(2)(b) of the National Regulations, including when a worker refuses to undertake a test or incidents of tampering or interference with a sample. <sup>1</sup>
- Test notifications are required to be notified to ONRSR within 7 days of receiving test results.
- The preferred method of submission is to complete this form electronically and submit via email to [occurrences@onrsr.com.au](mailto:occurrences@onrsr.com.au).
- By submitting this form to ONRSR the operator warrants that the information contained is a true record of the drug or alcohol testing undertaken as required by regulation 28(2)(b) of the Rail Safety National Law National Regulations.

Personal information is handled in accordance with the Privacy Act 1988 and the Australian Privacy Principles. For more information, download our privacy notice or privacy policy at [www.onrsr.com.au](http://www.onrsr.com.au).

### Operator information

|                   |                      |                       |  |
|-------------------|----------------------|-----------------------|--|
| Name of operator: | <input type="text"/> | Operator reference:   | <input type="text"/>   |
| Contact officer:  | <input type="text"/> | Phone:                | <input type="text"/>   |
| Email:            | <input type="text"/> | Date:<br>(dd/mm/yyyy) | <input type="text"/> / <input type="text"/> / <input type="text"/> |

### Testing officer information

|                             |                      |             |  |
|-----------------------------|----------------------|-------------|--|
| Name:                       | <input type="text"/> | Work phone: | <input type="text"/>                                     |
| Email:                      | <input type="text"/> | Authorised: | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Testing officer's employer: | <input type="text"/> |             |  |

### Worker information

|                                   |  |  |   |
|-----------------------------------|--|--|---|
| Name of person tested:            | <input type="text"/>   |  |   |
| Date of birth:                    | <input type="text"/> / <input type="text"/> / <input type="text"/> | (dd/mm/yyyy)                           |   |
| Workplace address/location:       | <input type="text"/>   |  |   |
| Work phone/mobile:                | <input type="text"/>   | Private phone:                         | <input type="text"/>                                  |
| Home address:                     | <input type="text"/>   |  |   |
| Occupation:<br>(please check box) | <input type="checkbox"/> maintenance - railway infrastructure      | <input type="checkbox"/> guard         | <input type="checkbox"/> controller/signaller         |
|                                   | <input type="checkbox"/> maintenance - rolling stock               | <input type="checkbox"/> shunter       | <input type="checkbox"/> other (please specify below) |
|                                   | <input type="checkbox"/> train driver/second person                | <input type="checkbox"/> station staff | <input type="text"/>                                  |
| Rostered start time (24hr clock): | <input type="text"/>   | Actual start time (24hr clock):        | <input type="text"/>                                  |
| Employer:                         | <input type="text"/>   |  |   |

<sup>1</sup> This information must be supplied to the ONRSR in accordance with regulation 28(2)(b) of the Rail Safety National Law National Regulations and under section 121 of the Rail Safety National Law

## Test information

|  |  |                              |  |                             |                          |                          |
|--|--|------------------------------|--|-----------------------------|--------------------------|--------------------------|
| Date of test:  | <input type="text" value="/"/> / <input type="text" value="/"/>          | Location:                    | <input type="text"/>   |                             |                          |                          |
| Time of test:<br>(24hr clock)  | <input type="text"/>   |                              |  |                             |                          |                          |
| Type of test(s):<br>(please select boxes)  | alcohol breath test  | <input type="checkbox"/>     | <input type="checkbox"/>   | alcohol breath analysis     | <input type="checkbox"/> | <input type="checkbox"/> |
|  | urine drug test  | <input type="checkbox"/>     | <input type="checkbox"/>   | sobriety assessment         | <input type="checkbox"/> | <input type="checkbox"/> |
|  | blood test   | <input type="checkbox"/>     | <input type="checkbox"/>   | oral fluid drug test        | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                              |  |                             |                          |                          |
|  | <input type="checkbox"/> fail to supply (give details below)             |                              | <input type="checkbox"/> interfere with results (give details below) |                             |                          |                          |
| <input type="text"/>   |  |                              |  |                             |                          |                          |
| Circumstances of test(s):<br>(please select boxes)   | <input type="checkbox"/> random testing (pre sign-on)                    |                              | <input type="checkbox"/> random testing (post sign-on)               |                             |                          |                          |
|  | <input type="checkbox"/> post incident testing (give details below)      |                              |  |                             |                          |                          |
|  | <input type="checkbox"/> for cause/targeted testing (give details below) |                              |  |                             |                          |                          |
|  | <input type="checkbox"/> other (give details)                            |                              | <input type="text"/>   |                             |                          |                          |
| Was the person carrying out rail safety work <sup>2</sup> prior to the test?   |  | yes <input type="checkbox"/> |  | no <input type="checkbox"/> |                          |                          |
| Describe <u>exactly</u> the nature of the rail safety work being undertaken by the worker at the time of the test:   |  |                              |  |                             |                          |                          |
| <input type="text"/>   |  |                              |  |                             |                          |                          |
| Were there any signs that the worker was under the influence at the time of the test (e.g. did the worker display physical/behavioural signs of affectation, such as speech slurred, eyes bloodshot/glazed, strong smell of liquor on breath, unsteady on feet, needed to urinate a number of times, pupils dilated [enlarged])? |  | yes <input type="checkbox"/> |  | no <input type="checkbox"/> |                          |                          |
| If yes, please provide details:  |  |                              |  |                             |                          |                          |
| <input type="text"/>   |  |                              |  |                             |                          |                          |
| Did the worker make any statements in relation to the quantity of alcohol/drugs they consumed (e.g. how much they consumed, times of first and last drinks etc)?   |  | yes <input type="checkbox"/> |  | no <input type="checkbox"/> |                          |                          |
| If yes, please provide details:  |  |                              |  |                             |                          |                          |
| <input type="text"/>   |  |                              |  |                             |                          |                          |
| Was the worker informed that the ONRSR would be notified of the incident?  |  | yes <input type="checkbox"/> |  | no <input type="checkbox"/> |                          |                          |

## Test outcome

|   |  |
|---|--|
| Test type (immunoassay, GC/MS, breath test/analysis): | Test results (substance and recorded level): |
| <input type="text"/>                                  | <input type="text"/>                         |
| <input type="text"/>                                  | <input type="text"/>                         |

<sup>2</sup> Please refer to section 8 of the Rail Safety National Law