

# Alcohol Breath-Testing Log

Complete this log and send to us with evidence of your work hours within 7 days of the end of each calendar month, or as required by us. The evidence must be signed and verified by an employer or accreditor.

Your approved supervisor must fill in the date, time, location and result of each breath-test, then sign and write their name. You must sign each entry.

Yes I have attached evidence of my work hours (timesheet, shifts or roster).

Participant name

Alcohol Breath-Testing log for Month  20\_\_

Date	Time	Location	Result 1	Result 2 (if required)	Name of supervisor	Signature of supervisor	Participant signature

