Alcohol Breath-Testing Log

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| **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\_\_\_

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| Date | Time | Location | Result 1 | Result 2 (if required) | Name ofsupervisor | Signature ofsupervisor | Participant signature  |
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Participant name Alcohol Breath-Testing log for Month 20\_\_\_

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| Date | Time | Location | Result 1 | Result 2 (if required) | Name ofsupervisor | Signature ofsupervisor | Participant signature  |
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