

# SITE BASED DRUG SCREENING AUTHORISATION FORM

## 1. PURPOSE

Site based drug screening requires authorisation from the General Manager or their delegate prior to the site entry forms being submitted to Site Administration personnel.

## 2. ROLES AND RESPONSIBILITIES

Role	Key Responsibilities
Site Contact	<ul style="list-style-type: none"> <li>seek this approval and forward completed document to Administration, along with the completed site entry documents</li> </ul>
Site Administration personnel	<ul style="list-style-type: none"> <li>update the Compliance in INX, scan the form to link to the compliance and hand the form to the Medic</li> </ul>

## 3. AUTHORISATION

APPLICATION FOR AUTHORISATION	
<b>Name:</b>	
<b>Site Contact Name:</b>	
<b>Workgroup:</b>	
<b>Date of person's arrival to site:</b>	
<b>Planned date of screen:</b>	
<b>Approximate time of screen to be conducted:</b>	
<i>Photo identification must be provided by the person being tested</i>	
JUSTIFICATION FOR ONSITE SCREEN	
<input type="checkbox"/>	<72hrs notice to come to site
<input type="checkbox"/>	Other – Specify below (Note: this does not mean the authorisation will be approved)
APPROVALS	
General Manager or Delegate	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<input type="checkbox"/>	Worker cleared for Site Entry pending on site based drug screening
<input type="checkbox"/>	Worker NOT cleared for Site Entry unless drug screen results are submitted prior to arrival and are in accordance with the Fitness for Work Policy
<input type="checkbox"/>	Worker NOT cleared for Site Entry
<b>Site Contact to return this form to Administration accompanied with completed site entry documentation</b>	

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