

20

Breath-testing log

Participant name

Complete this log and send to us with evidence of your practice or training 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.

Breath log for | Month

Your 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.

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

Email medicalcouncil.monitoring@mcnsw.org.au www.mcnsw.org.au

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

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