

DRIVERS READINESS FOR DUTY/DRUG & ALCOHOL STATEMENT

I,

understand that my ability to do the driving task is directly affected by the way I have used my rest breaks and time away from work.

I will take into account a second job or other work related tasks that may impact on my fitness to perform the driving task.

I will not commence work when I am fatigued. I will ensure, when working, that I am able to properly drive or operate equipment, to communicate clearly and to exercise reasonable judgement when making decisions.

I am aware and understand that misuse of prescription drugs, alcohol and the use of illicit drugs, put the safety of all people involved in danger and that Drug and Alcohol tests may be conducted at random, and that if I test positive than I shall be liable for the costs incurred. I realise that I am accountable for my actions and will not drive when I am in a condition that impairs my ability to do my job, or endangers the safety of myself or others, or may cause equipment or property damage.

I am also aware that Management reserves the right to request that I attend a medical practitioner of the company's choice and/or an assistant councillor if they suspect that I am unable to safely perform my duties because of fatigue or other forms of impairment. If however I choose not to attend, that this will be recorded as a positive test and further action may be taken.

Signed: Date:

(Employee)

Signed: Date:

(Owner/Director)