

**Record of an orientation test for alcohol and other addictive substances**

<b>Employer:</b>	<b>Masaryk University, Faculty of Science</b> Kotlářská 2, Brno 602 00, IČ: 00216224, DIČ: CZ00216224
<b>UID, name and surname of the person under investigation:</b>	
<b>Date of birth:</b>	<b>Job classification:</b>
<b>Reason for examination:</b>	<input type="checkbox"/> suspicion of alcohol/drugs <input type="checkbox"/> work injury ..... <input type="checkbox"/> damage to property ..... <input type="checkbox"/> others.....
<b>Indicative breath test performed:</b> <input type="checkbox"/> by an electronic device of the type: ..... date of last calibration: ..... Place of the orientation breath test: .....	
<b>An indicative breath test was conducted on:</b>	..... 20..... at ..... (exact time including minutes)
<b>With conducting an orientation breath test and an alcohol screening:</b>	<input type="checkbox"/> I agree <input type="checkbox"/> I disagree which I confirm with my signature: .....
<b>Result of the orientation breath test:</b> <input type="checkbox"/> negative, the employee under investigation was not under the influence of alcohol <input type="checkbox"/> positive, the employee under investigation agrees to be under the influence of alcohol. <input type="checkbox"/> positive, the employee under examination does not agree that he/she is under the influence of alcohol and therefore undergoes a test to determine his/her blood alcohol content by analysis. <input type="checkbox"/> positive, the employee under examination does not agree that he/she is under the influence of alcohol and refuses to be tested and have his/her blood alcohol content determined by analysis. <input type="checkbox"/> different result .....	
<b>The employee under examination agrees with the result of the orientation breath test for the presence of alcohol or other addictive substances, which he/she confirms by his/her signature:</b>	..... Employee under investigation
<b>The indicative breath test was carried out and the result of the test was evaluated by (name, surname and position and signature of authorised person)</b> ..... .....	

**The substance test was performed under the condition that the subject had not eaten, drunk or smoked 10 minutes before the test:**

one-time test to detect marijuana, amphetamine, methamphetamine, opiates, cocaine from saliva .....

expiration date of test: .....

Location of the test: .....

**A substance abuse test was administered on:** .....20 ..... at .....(exact time including minutes)

**Taking a substance abuse test :**

I agree

I disagree

which I confirm with my signature: .....

**Substance test result:**

- negative, the employee tested was not under the influence of any of the substances tested.
- Positive, employee under investigation agrees to be under the influence of an addictive substance .....
- positive, the employee being tested does not agree that he or she is under the influence of an addictive substance, although the test indicates that he or she should be under the influence of an addictive substance..... and therefore undergoes an examination to determine whether the employee is under the influence of an addictive substance
- positive, the employee under examination does not agree that he/she is under the influence of an addictive substance and refuses to submit to a blood drug test
- another result.....

**The employee under examination agrees to the result of the drug test, which he/she confirms with his/her signature:**

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Employee under investigation

**Substance test and result evaluated by (name, surname and position and signature of authorised person)**

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**Names, surname and signature of witnesses**

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