



Breath alcohol testing
Hours worked log

Practitioner's details

Name

Monitoring & compliance number

Actual hours worked (not rostered) | Must be hand-written in indelible ink | Use 24-hour format. E.g: 0930 - 1330

Date	Start time	Break start	Break end	End of shift	Total hours worked	Practitioner's signature	Approved BAT Supervisor's signature

