

Positive Detection Notification

To:	Learning@transport.nsw.gov.au ; RIWEnquiry@transport.nsw.gov.au
Cc:	sydneymetro.safety@transport.nsw.gov.au
From:	
Date:	
Subject:	Positive Detection Notification

Please be advised of the below positive detection following a Random Drug/Alcohol Test:

RIW card holder full name:	
RIW card number:	
DOB (dd/mm/yyyy):	
RIW card holder email address:	
Employee/Contractor:	
Rail Safety Worker:	Yes/No (please specify)
Test result:	POSITIVE to Drug/Alcohol (please specify)
Date of test (dd/mm/yyyy):	Date of test:
Time of test:	
Location:	
Incident report number:	

Please let me know if you require any further information in relation to this matter.

Yours sincerely,

Signature:		Date:	
Name:		Position title:	

OFFICIAL

This form is to be used in conjunction with the TfNSW RIW Administration Standard ST-526