

NORTHERN TERRITORY OF AUSTRALIA
TRAFFIC AMENDMENT REGULATIONS 2008

Subordinate Legislation No. 9 of 2008

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NORTHERN TERRITORY OF AUSTRALIA

Subordinate Legislation No. 9 of 2008*

Traffic Amendment Regulations 2008

I, Thomas Ian Pauling, Administrator of the Northern Territory of Australia, acting with the advice of the Executive Council, make the following regulations under the *Traffic Act*.

Dated 19 May 2008.

T. I. Pauling
Administrator

By His Honour's Command

K. Vatskalis
Minister for Business and Economic Development
acting for the
Minister for Infrastructure and Transport

* Notified in the *Northern Territory Government Gazette* on 28 May 2008.

Part 1 Preliminary matters

1 Citation

These Regulations may be cited as the *Traffic Amendment Regulations 2008*.

2 Commencement

These Regulations commence on the commencement of the *Transport Legislation (Drug Driving) Amendment Act 2008*.

Part 2 Amendment of Traffic Regulations

3 Regulations amended

These Regulations amend the *Traffic Regulations*.

4 Amendment of Schedule 2

Forms 3, 4 and 5

repeal, substitute

NORTHERN TERRITORY OF AUSTRALIA

Traffic Regulations

FORM 3

BLOOD TEST FOR FORENSIC ANALYSIS

For completion by a medical practitioner, registered nurse, a member of staff of a hospital under direct supervision of a medical practitioner or registered nurse or, if at a health centre, a qualified person.

Name of person liable to give sample of blood:

If identity of person unknown, enter Health Registration Number (HRN)

Person's address (if known):

.....

PART 1 – REASON FOR TEST

Please indicate with an "x" in the appropriate box:

A police officer required this person to give a sample of blood (s 29AAG).
Blood to be tested for Drugs Alcohol Drugs & Alcohol

or

This person entered this hospital/health centre for examination or treatment of injuries which may have been received in a crash. (s 29AAK)
Blood to be tested for drugs and alcohol.

PART 2 – STATEMENT BY HEALTH PROFESSIONAL TO PERSON

"You are required by law to give a sample of your blood for the purpose of analysis. Failure to do so is an offence under the *Traffic Act* (s 29AAH). Do you consent to me taking a sample of your blood?"
Person's answer:

Yes(record person's comment if any)

No – "What is the reason for your refusal?".....

or

I did not make the statement to the person because the person was unconscious or otherwise apparently incapable of giving or refusing consent to the taking of a sample

.....

(Record factors which may affect the person's ability to understand the nature of the request, eg: shock, influence of alcohol/drugs, injury, loss of consciousness, mental state, language etc.)

PART 3 – CERTIFICATE OF HEALTH PROFESSIONAL

I,, a person who may take a sample of blood under the *Traffic Act*, certify that:

I took a sample of blood from the person identified above at (*Name of Hospital/Health Centre*) at am/pm on (*date*)..... 20..... and I placed the sample of blood, in approximately equal portions, in separate containers and secured the caps. I then sealed and marked each container with an identification number distinguishing the sample from other samples of blood by the application of an adhesive seal bearing an identification number. I placed container(s) into the secured blood box and gave to the person / left with the person’s personal effects / placed in collection box (*delete as required*) with a copy of this completed and signed form. (*Approximately half may be made available to the person from whom the sample was taken – s 29AAK(7)*).

or

I did not take a sample of blood from the person because the person refused consent.

or

I was not required to take a sample because I believed on reasonable grounds that: (*s 29AAK(5) – indicate which one or more is applicable*)

the concentration of alcohol in the person’s blood is already known;

the taking of the sample would be detrimental to the person’s medical condition;

the injuries of the person were not received in a motor vehicle accident or the motor vehicle accident happened more than 12 hours before the person entered the hospital or health centre;

a period of more than 4 hours has elapsed since the person entered the hospital or health centre.

I declare that to the best of my knowledge, the information contained in this form is true and correct.

Signature of health professional:

Date:

Qualification:

NOTE: A COPY OF THIS CERTIFICATE MUST BE GIVEN TO THE PERSON OR LEFT WITH THEIR PERSONAL EFFECTS

IMPORTANT – FOR PATIENT’S INFORMATION

If a sample of your blood has been taken, it has been divided into portions, in [] separate containers. The sample will be analysed for the purpose of analysis by an authorised analyst for the *Traffic Act*. A container(s) containing approximately half of the sample and marked with the identification number specified in this notice has been made available to you in accordance with the *Traffic Act*. If you wish to have your portion of the sample independently analysed it will be at your own expense.

FAILURE TO COLLECT OR HAVE YOUR PORTION OF THE SAMPLE ANALYSED CANNOT BE USED AS A DEFENCE IN ANY PROCEEDINGS BROUGHT AGAINST YOU.

POLICE USE ONLY

Police officer removing blood sample (Consisting of [] separate containers)

Name

Signature

I/D Number

/ /
Date

Time am/pm

**WHITE COPY GIVEN TO PERSON OR LEFT WITH PERSON’S PERSONAL EFFECTS ONLY
REMAINING COPIES TO BE PLACED IN SAMPLE BAG FOR TRANSMISSION TO FORENSIC SCIENCE CENTRE**

NORTHERN TERRITORY OF AUSTRALIA***Traffic Regulations*****FORM 5****CERTIFICATE ON COMPLETION OF ANALYSIS OF BLOOD SAMPLE
(TEST FOR ALCOHOL)**

I, *(name)*

an authorised analyst,

or

a person employed by *(name of organisation)*
an organisation authorised as an analyst,

certify as follows:

- (a) on *(date)* I took from *(place from where container was collected)*
a container that was marked with the serial number *(enter number)*
sealed with the certificate attached to this form;
- (b) I examined the container and it appeared that the container was securely
sealed and that the container and the certificate were in good condition
and had not been interfered with;
- (c) the container contained a sample of blood;
- (d) I carried out an analysis of the sample to ascertain the concentration of
alcohol in the blood;
- (e) the analysis disclosed the presence in the blood of a concentration of
mg of alcohol per 100 ml of blood.

Signed

Date

NORTHERN TERRITORY OF AUSTRALIA***Traffic Regulations*****FORM 6****CERTIFICATE ON COMPLETION OF ANALYSIS OF BLOOD
SAMPLE (TEST FOR DRUG)**

I, *(name)*

an authorised analyst,

or

a person employed by *(name of organisation)*
an organisation authorised as an analyst,

certify as follows:

- (a) on *(date)* I took from *(place from where container was collected)* a container that was marked with the serial number *(enter number)* sealed with the certificate attached to this form;
- (b) I examined the container and it appeared that the container was securely sealed and that the container and the certificate were in good condition and had not been interfered with;
- (c) the container contained a sample of blood;
- (d) I carried out an analysis of the sample to ascertain whether certain drugs were present in the blood;
- (e) the analysis disclosed the presence in the blood of the following drug(s):
- Delta 9 tetrahydrocannabinol.
 - Methylamphetamine (speed, ice).
 - 3,4-Methylenedioxy-methamphetamine (MDMA, ecstasy).
 - Methylenedioxyamphetamine (MDA).
 - Diacetyl morphine (heroin).
 - Benzoylmethylecgonine (cocaine).
 - Morphine.
 - Methadone.
 - Amphetamine (dextroamphetamine, d-amphetamine).

Signed

Date