

NORTHERN TERRITORY OF AUSTRALIA

TRAFFIC AMENDMENT REGULATIONS 2008

Subordinate Legislation No. 9 of 2008

TABLE OF PROVISIONS

Part 1 Preliminary matters

1	Citation	2
2	Commencement	2

Part 2 Amendment of Traffic Regulations

3	Regulations amended.....	2
4	Amendment of Schedule 2	2



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

____am/pm
Time

**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.
 - ☐ Methamphetamine (speed, ice).
 - ☐ 3,4-Methylenedioxy-methamphetamine (MDMA, ecstasy).
 - ☐ Methylenedioxyamphetamine (MDA).
 - ☐ Diacetyl morphine (heroin).
 - ☐ Benzoylmethylecgonine (cocaine).
 - ☐ Morphine.
 - ☐ Methadone.
 - ☐ Amphetamine (dextroamphetamine, d-amphetamine).

Signed

Date