

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOXILYZER 5000

FORM #5

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: INTOXILYZER 5000

SERIAL NUMBER	LOCATION OF INSTRUMENT
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- 3. Assure that the power switch is ON and then press the START TEST button.
- 4. Enter test record card.
- 5. Enter subject and officer information
- 6. When display reads **PLEASE BLOW**, insert mouthpiece and take the subject's breath sample.
- 7. When test record is printed, remove test record and attach printout to this report.

CERTIFICATION BY OPERATOR

BAC

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this test was being conducted.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	