

BLOOD ALCOHOL TEST REPORT - DATAMASTER

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: DATAMASTER

SERIAL NO.	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.
- 4. Press RUN button.
- 5. When display requests INSERT TICKET, insert evidence ticket.
- 6. Enter subject and officer information.
- 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
- 8. When printer has completed printing out test result, remove ticket from printer. 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 was being conducted.

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