GBI – DOFS MOBILE TESTING LOG SHEET

AGENCY NAME:_____

INTOXILYZER 5000 - SERIAL NUMBER: _____

DATE	TEST TIME	SUBJECT NAME	DRIVERS LICENSE NUMBER	OPERATOR	ARRESTING OFFICER	SAMPLE (1)	SAMPLE (2)	BLOOD DRAWN (Y/N)	CRASH, INJURY, FATALITY (NA,C,I,F)	WAIT TIME: START / END	WAIT PERIOD ROOM TEMP (F)	INTOX TEMP (F)

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OP IC FORM 8 REV: 0 12/1/10 KL