



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - INTOX EC/IR II

FORM #13

LOCATION OF INSTRUMENT	INSTRUMENT SERIAL NUMBER	DATE OF TEST	TIME OBSERVATION PERIOD STARTED	TIME OF TEST
SUBJECT NAME			DATE OF BIRTH	
SUBJECT DRIVER'S LICENSE NUMBER			STATE	
ARRESTING OFFICER		ARRESTING OFFICER ID		
OPERATOR	OPERATOR PERMIT	PERMIT EXP DATE		
OBSERVER	OBSERVER PERMIT	PERMIT EXP DATE		

OPERATIONAL CHECKLIST: INTOX EC/IR II

- 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 the screen is displaying "PRESS ENTER TO START".
- 4. Press the Enter button.
- 5. Enter subject and officer information.
- 6. When display reads "Please Blow/R", and gives audible beep, insert mouthpiece and take the subject's breath sample.

SUBJECT TEST RESULTS

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COMMENTS

CERTIFICATION BY OPERATOR

	BAC
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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.

SIGNATURE OF OPERATOR	DATE
WITNESS (IF ANY)	DATE