

# Intoximeters Training Academy

(training@intox.com)

## **INSTRUMENT PROFICIENCY MOCK TRAINING**

Instrument proficiency mock training must occur within 30 days of the online rules & regulations training. If it does not, students will be required to retake the rules & regulations module.

DOT requires that each student must demonstrate proficiency in administering a breath alcohol test in accordance with the procedures of 49 CFR Part 40. This proficiency must include the following:

- ❖ Perform a minimum of seven (7) mock breath tests using a live subject on the EBT the BAT will be using for breath alcohol testing.
  - These tests must be mock procedures: Mock subjects only act as a participant for the BAT to practice practical collection procedure. These are not actual tests performed on safety sensitive employees.
  - Demonstrate ability to respond to device messages and commands.
  - Distinguish actions to take if there is an error message or malfunction.
  - Must know how to verify that an air blank has been conducted when required.
- ❖ Identify and explain actions a BAT will take when the device does not function properly.
- ❖ Identify when a calibration check (accuracy check) is required and identify the procedures and/or person(s), if other than the student, responsible for performing the accuracy checks.
- ❖ Completion of a testing scenarios sufficiently demonstrating knowledge and proficiency for the Intoximeters BAT/EBT instrument.
- ❖ All mock tests must be error free and technically correct.
  - With respect to the manufacturer's operating guidelines AND CFR 49 Part 40 procedure.

These are DOT's Training Requirements reproduced from:  
The U.S. DOT Breath Alcohol Technician Training Student Handbook (UNIT VIII)



Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ALCO-SENSOR \_\_\_\_\_ PERFORMANCE CHECK SHEET

<i>Activity</i>	<i>Subject</i>	<i>Test Result</i>	<i>Objective</i>
Screening Test	Partner		Practice paperwork – learn auto sample
Screening Test (Shy Lung)	Partner		Practice paperwork – learn NOGO messages
Screening Test (Manual)	Partner		Practice paperwork – learn manual sampling
<i>Activity</i>	<i>Subject</i>	<i>Test Result</i>	<i>Objective</i>
Screening Test (Positive) Confirmation Test (Positive) Accuracy Check	Instructor	_____ _____ _____	Practice confirmation positive test sequence followed by Accuracy Check
Screening Test (Positive) Confirmation Test (Negative)	Instructor / Partner	_____ _____	Practice positive
Screening Test (No printout – handwrite)	Partner	_____	Practice obstacle
Screening Test Confirmation Test	Partner	_____ _____	Practice obstacle – role-play assigned by instructor

<i>Activity</i>	<i>Subject</i>	<i>Result</i>	<i>Objective</i>
Periodic Accuracy Check	Expected Value  _____	Result  _____	Practice when and how to run periodic accuracy checks

I certify that I have personally monitored the above BAT student successfully perform 7 error-free mock alcohol tests and that this student is proficient in the operation of the EBT device.

Monitor Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Monitor Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_



**Do not write below this line unless authorized**

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**CALIBRATION TECHNICIAN ONLY**

Calibration Technician training can only be performed by factory authorized instructors as per 49 CFR Part 40.233(c)(5).

<i>Activity</i>	<i>Subject</i>	<i>Test Result</i>	<i>Objective</i>
Calibration Type of Standard _____	Set Value _____	Calibration Result	Proficiency in Calibration Procedure
Accuracy Check Type of Standard _____	Exp. Value _____	Accuracy Check Result	Proficiency in Accuracy Check Procedure

Intoximeters form 6/2022

NOTE: Return this form to your instructor after class

**Schedule B**

**Acknowledgment of Responsibilities**

In Consideration of the training and instruction to be given to me as a Breath Alcohol Technician and in the use of Evidential Breath Testing (EBT) instrument(s) including procedures for running calibration checks and performing calibrations on the EBT, I hereby agree:

1. That I have studied the course materials diligently and to the best of my ability, I have completed all study assignments or course prerequisites as required.
2. That I attended all class sessions and completed all study assignments.
3. That I did my own work and did not obtain assistance from any other person except as permitted by my instructor.
4. That I have not been dishonest in any respect having to do with my training, the completion of tests, or other course requirements.

I understand that the above agreements are for the protection of not only Intoximeters and my instructor(s), but also of those persons who may be the subjects of EBT procedures administered by me in the future. I understand that I have a responsibility to conduct all EBT procedures in a careful and prudent manner and in compliance with the Omnibus (DOT) rules and Intoximeters quality assurance program.

Dated: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (Clearly)

\_\_\_\_\_  
Unique ID # (employee ID or last 4 of SSN)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date of Class

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Location of Class

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Class City, State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Trainer Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail Address

**NOTE: THIS COMPLETED FORM MUST BE RETURNED TO YOUR INSTRUCTOR AT THE END OF CLASS**

## Subject Information for Mock Tests

<p>1. Bud Light – P15978 – MO CDL Acme Trucking 123 Happy Street St. Louis, MO 63141 DER – David Zurfluh (314) 712-5111 Reason: Random</p> <p>Outcome: NEGATIVE Remarks: None Needed</p>	<p>5. Sally Safe – 47-1529000 – IA CDL Milton Industries 4646 Main Street Des Moines, IA 50301 DER – Mindy Minder (562) 843-1111 Reason: Random</p> <p>Outcome: Screen – POSITIVE Confirm – NEGATIVE Remarks: None Needed</p>
<p>2. Les Gasp – 222-333-4444 Trans World Airlines 89200 Airport Road Redmond, WA 98052 DER – Ian Stouffer (555) 444-1212 Reason: Follow Up</p> <p>Outcome: INSUFFICIENT SAMPLE Remarks: <i>Subject unable to provide sufficient volume over three attempts</i></p>	<p>6. Annie Breath – 111-22-3333 Dolphin Boat Tours 600 N.W. 191 St. Miami, FL 33179 DER – James Crockett (777) 222-4111 Reason – Return to Duty</p> <p>Outcome: NEGATIVE Handwrite result on ATF Remarks: <i>Printer Malfunction</i></p>
<p>3. Les Gasp – 222-333-4444 Trans World Airlines 89200 Airport Road Redmond, WA 98052 DER – Ian Stouffer (555) 444-1212 Reason: Follow Up DER has ordered the Subject to be tested manually, Outcome: NEGATIVE Remarks: <i>Manual Sample taken per Employer Request</i></p>	<p>7. Use student partner's name 23-45-6789 Dakota Consolidated 45 Flores Way Bismarck, ND 58504 DER – Ray Palmer (477) 922-8004 Reason: Random</p> <p>Outcome: Dependent on Role-Play Remarks: Dependent on Role Play</p>
<p>4. Alan K. Holic –179415-9 NV CDL Whippet Busline 876 Wainright Road Las Vegas, NV 89118 DER – Stacy Sober (987) 456-7890 Reason: Reasonable Suspicion</p> <p>Outcome: Screen – POSITIVE Confirm – POSITIVE An Accuracy Check will need to be performed. Remarks: None Needed</p>	<p>Please Note: In accordance with 49 CFR 382.123(b), the person completing the CCF or the ATF <b>must annotate the driver's CDL number and State of Issuance in Step 1, Section C</b> of the CCF or <b>Step 1B</b> of the ATF for each FMCSA-regulated test.</p>



## Scripted Statements

Explaining the test process:

***Your employer has asked us to conduct an alcohol test on you today. This is the form where we will document the process. As you can see, the instructions for completing this form are on the reverse side. You will receive a copy when we are finished.***

Ask the subject to sign in Step 2:

***Please sign the certification statement to verify that I have your name and ID correct in Step 1, that you work for the employer listed, and that you understand you are submitting to a test required by US DOT regulations.***

After subject signs in Step 2:

***If the result of this test is .02 or greater, then we will conduct another test after a 15 minute wait.***

If the employee will not sign Step 2:

***The regulations require that you sign this form. If you do not sign the form, I will have to document that you have refused to take the test and notify your employer.***

Explain how to provide a sample:

***Keep your hands at your sides, take a deep breath, hold it for just a second, then blow long and steady into the mouthpiece until I tell you to stop***

Explain 2<sup>nd</sup> time how to provide a sample:

***No, that wasn't enough air. I need you to blow longer. Take a really deep breath and blow through the straw until I tell you to stop***

Explain 3<sup>rd</sup> time how to provide a sample:

***We will try one more time to obtain a sample. If I can't get a sample from you I will have to document that on the form and notify your employer.***

Explain 15 minute wait period:

***We are required by the regulations to wait 15 minutes and conduct a confirmation test. You need to remain here with me. Please do not eat, drink, smoke, chew, or put anything in your mouth during this time. Try not to belch if you can help it. This wait period is for your benefit.***

Employee takes a drink during 15 minutes:

***Please refrain from putting anything in your mouth. I am writing in Step 3 that you took a drink of water. We will continue with the Confirmation test at the end of the 15 minutes – we will not add any more time to the wait period.***

Employee starts to leave during 15 minutes:

***You cannot leave the room at this time. The rules require that you wait 15 minutes and submit to a confirmation test. If you leave now, it will be documented as a refusal to test and your employer will be notified.***

Employee asks why:

***Because the DOT regulations (or your company policies) say we must follow specific procedures.***

Explaining the test process:

***This will be your final test. If the result of this test is .020 or greater, then I will document and notify your employer because you will not be able to perform your safety-sensitive duties.***

Employee won't sign in Step 4:

***I just need you to acknowledge that you took the test and that you saw me record the results here on the form.***

# SAMPLE CALIBRATION LOG BOOK

For  
EVIDENTIAL BREATH TESTING DEVICE  
(EBT)

\_\_\_\_\_ **Model Name of EBT**

\_\_\_\_\_ **EBT Serial Number**

This log book meets all requirements for U.S. Department of Transportation regulations as per 49 CFR Part 40.233(c)(4), and can be used to maintain calibration records for both DOT and non-DOT breath testing programs.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Calibration Log Book # \_\_\_\_\_

From: \_\_\_\_\_  
Month / Year

To: \_\_\_\_\_  
Month / Year

**RETAIN THIS LOG BOOK FOR A MINIMUM OF 2 YEARS  
AFTER THE LAST ENTRY [49 CFR Part 40.333(a)(3)]**

**TRAINING / PRACTICE LOGBOOK**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, MO 63146

1-800-451-8639 | [www.intox.com](http://www.intox.com)

© copyright 2015 | To order a full logbook use Part Number 24-0030-00



# INSTRUCTIONS

## OVERVIEW:

This Calibration Log Book must identify the model name of the Evidential Breath Testing Device (EBT) that will be used. Each EBT must have its own Calibration Log Book which should be kept with the instrument.

1. Complete the information on the front cover identifying the EBT.
  2. Fill in the entry lines with the Company Name, Address, City, State, and Zip Code. Be sure to include a Contact Person and Telephone Number.
  3. Each Log Book should be consecutively numbered showing the beginning month/year and the ending month/year.
  4. Fill in the serial number of the EBT on the top of each of the following pages.
  5. Complete one line for each Accuracy Check and each Calibration Adjustment performed.
  6. Pages have been included to accommodate printed results, if desired.
  7. Retain this book for **at least 2 years from last entry** if you are regulated by 49 CFR Part 40.
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## HOW TO MAKE LOG BOOK ENTRIES.

Complete the Instrument Serial Number at the top of each page to verify that the EBT in use corresponds with the proper Calibration Log Book.

Complete the line entries for each Calibration Adjustment or Accuracy Check performed. Do not use ditto marks ("") – always write out all information for each entry.

- **Test Number.** The test number may be viewable on the instrument display. It is also listed on the printout of results obtained after the accuracy check or calibration procedure. If you are using a handheld unit that does not assign a number, you will not have a test number.
- **Test Date & Time.** Enter the time and date of the procedure.
- **Test Type.** This log book should record all Calibration Adjustments (enter ***Calibration***) and all Accuracy Checks (enter ***Acc Check***).
- **Technician Name.** Enter the name of the technician who is performing the procedure. Do not enter initials. Print the name legibly.
- **Test Location.** Enter the location (city and state) where the test is being performed. (for example: St. Louis, MO)
- **Standard Lot Number.** Enter the lot number from the label on the dry gas tank.
- **Dry Gas Tank Number.** Enter the 2-digit tank number from the label of the standard. This information will allow you to obtain a certificate of analysis for the tank on-line.
- **Standard Expiration Date.** Enter the expiration date from the label of the dry gas tank or from the label on the simulator solution bottle.
- **Expected Standard Value.** Enter the expected value of the standard. When using a dry gas standard, this value comes from a True-Cal device or from the label on the tank. Some instruments come with an on-board barometer that displays this value automatically.
- **Results.** Enter the result of the procedure as displayed on the EBT instrument. Per the Intoximeters' Quality Assurance Plan (QAP) as approved for 49 CFR Part 40 workplace testing, the result of an Accuracy Check (Calibration Check) should not differ by more than +/- .005 from the expected value of the standard.
- **Printed Results.** The Intoximeters' QAP does not require that the printouts from accuracy checks & calibration adjustments be placed in the logbook. However, many customers have chosen to keep printouts of these procedures as additional proof of the accuracy of the EBT. Therefore, we have included space in this logbook to attach your printouts. Best practices would suggest that the printouts be attached in a tamper-evident manner.



# CALIBRATION LOG SHEET

Instrument Serial Number: \_\_\_\_\_

Test Number	Test Date	Test Time	*Test Type Acc Check or Calibration	Technician Name	Test Location	Standard Lot Number	Dry Gas Tank Number	Standard Expiration Date	Expected Value	Result	OK? Y/N
255	09/25/2020	15:05 PM	Acc Check	Adam Blast	St. Louis, MO	AG554321	12	12/05/2022	.037	.037	Y

\* Test Type: CALIBRATION = Calibration Adjustment ACC CHECK = Accuracy Check

Place printed results on this page, if desired.

Please Note: There is no requirement in the Intoximeters' QAP to keep the printed results for accuracy checks and/or calibrations.

TAMPER

RBT IU# 010490  
DATE 09-25-20  
TEST NO. 0255  
AS IU# 016106  
EXT. CAL. CHK.  
15:05  
CAL CHECK OK

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EVIDENT

TAMPER

EVIDENT

**U.S. DEPARTMENT OF TRANSPORTATION  
REGULATIONS FOR MAINTAINING CALIBRATION RECORDS**

**§40.233 What are the requirements for proper use and care of EBTs?**

*(c) As the user of the EBT (e.g., employer, service agent), you must do the following:*

*(4) You must maintain records of the inspection, maintenance, and calibration of EBTs as provided in §40.333(a)(3).*

**§40.333 What records must employers keep?**

(a) As an employer, you must keep the following records for the following periods of time:

(1) You must keep the following records for five years:

- (i) Records of alcohol test results indicating an alcohol concentration of 0.02 or greater;
- (ii) Records of verified positive drug test results;
- (iii) Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated drug test results);
- (iv) SAP reports; and
- (v) All follow-up tests and schedules for follow-up tests.

(2) You must keep records for three years of information obtained from previous employers under §40.25 concerning drug and alcohol test results of employees.

**(3) You must keep records of the inspection, maintenance, and calibration of EBTs, for two years.**

(4) You must keep records of negative and cancelled drug test results and alcohol test results with a concentration of less than 0.02 for one year.

(b) You do not have to keep records related to a program requirement that does not apply to you (e.g., a maritime employer who does not have a DOT-mandated random alcohol testing program need not maintain random alcohol testing records).

(c) You must maintain the records in a location with controlled access.

(d) A service agent may maintain these records for you. However, you must ensure that you can produce these records at your principal place of business in the time required by the DOT agency. For example, as a motor carrier, when an FMCSA inspector requests your records, you must ensure that you can provide them within two business days.

(e) If you store records electronically, where permitted by this part, you must ensure that the records are easily accessible, legible, and formatted and stored in an organized manner. If electronic records do not meet these criteria, you must convert them to printed documentation in a rapid and readily auditable manner, at the request of DOT agency personnel.

**GLOSSARY OF TERMS**

49 CFR Part 40	Title 49 of the Code of Federal Regulations covers Transportation. Part 40 is the specific chapter that governs required drug and alcohol testing for certain safety-sensitive transportation workers.
Accuracy Check	An accuracy <u>check</u> (sometimes called a calibration <u>check</u> ) is a test of your instrument's ability to read a known standard within a certain variance.
Calibration Check	A calibration <u>check</u> (sometimes called an accuracy <u>check</u> ) is a test of your instrument's ability to read a known standard within a certain variance.
Calibration OR Calibration Adjustment	A calibration adjustment is a procedure used to force an instrument to read in conformance with a known standard. It is NOT the same thing as an accuracy <u>check</u> or calibration <u>check</u> . It is required to perform a calibration adjustment if an accuracy check fails.
Quality Assurance Plan (QAP)	A QAP is a set of guidelines followed by the user of any evidential breath test device. This document is written by the manufacturer and provides detailed information about the use of standards, the frequency of accuracy checks, and when maintenance is required.
Standard	A standard is a benchmark used for measurement.



**Quality Assurance Program  
for  
Intoximeters, Inc. Alcomonitor CC**

**Designated Methods for External Calibration (“Accuracy”) Checks and Calibrations**

Intoximeters, Inc. (Intoximeters) recommends that external accuracy checks and calibrations be performed using a dry gas standard which has a stated equivalent value of .038 BrAC\* +/- .002 grams per 210 liters of breath at 760mm of Hg\*\* and is approved for use by both NHTSA and Intoximeters. Alternatively, wet bath simulators which have been approved for use by NHTSA and Intoximeters can be utilized with properly certified and maintained ethanol solutions. These solutions produce an apparent breath alcohol concentration of .040 ± .002 grams per 210 liters of breath.

In all cases the compressed gas tanks, simulators and simulator solutions should be used and maintained only in accordance with the quality assurance plans provided by their respective manufacturers in order to insure that they produce consistent and reliable samples.

Instruction for use of these standards with the instrument can be found in the documentation provided with the instrument.

**Intervals for Accuracy Checks**

**Intoximeters Minimum Requirement for Accuracy Checks**

If an accuracy check has not occurred within the past 31 days, an accuracy check must be run prior to running a subject test.

**Additional Recommendations for Accuracy Checks**

Intoximeters also highly recommends that an accuracy check be run on the instrument as soon after a positive confirmation test as is practical. An accuracy check that produces a result outside of the expected tolerances outlined below throws into doubt the validity of all previous breath tests since the last successful accuracy check. Performing this procedure insures that only one positive test (the last one) will be compromised if the instrument is found to be out of calibration. This procedure also allows the BAT an opportunity to retest the subject as is allowed under DOT's rules, after a calibration and successful accuracy check have been accomplished.

Intoximeters suggests, if practical, that an accuracy check be run before the first test on each day that the instrument is used. This procedure offers additional assurances that the instrument is functioning properly especially when there is a long period during which there are no positive tests and an accuracy check would not otherwise be run according to the procedures outlined above.

\*Dry gas tanks shipped by Intoximeters prior to January 1, 1996 may be labeled as 105 PPM. These tanks and approved tanks shipped by other vendors should only be used up to the stated expiration date. Each of these tanks should have either an altitude conversion chart or TRUE-CAL® Device for calculating BrAC equivalent value.

\*\*760mm of Hg equates to standard atmospheric pressure at sea level.

### Acceptable Tolerances on an External Accuracy Check

The result of an accuracy check should not differ by more than  $\pm .005$  grams per 210 liters of breath of the expected value of the standard gas sample.

For wet bath simulators, the requirement is met by using simulator solution manufactured to produce an apparent breath alcohol concentration of  $.040 \pm .002$  grams per 210 liters of breath.

For compressed dry gas standards, the requirement is met by using an approved compressed dry gas standard labeled with a gas value of .038 grams of alcohol per 210 liters of breath at 760mm of Hg. Although expected dry gas values change with changes in atmospheric pressure, the value of a sample gas delivered should not differ by more than  $\pm .005$  grams per 210 liters of breath of the expected value of the standard gas sample.

Both weather conditions and operating at elevations other than sea level will change the absolute pressure from 760mm of Hg and cause the expected value for the dry gas standard to change. It is important to account for changes in absolute pressure when running accuracy checks and calibrations. The AlcoMonitor CC contains a precision pressure sensor which monitors the absolute pressure and automatically corrects the expected value for the dry gas standard for the current pressure at that moment. This value is displayed before the accuracy check and is printed on an accuracy check printout. **(Example: in Santa Fe, New Mexico at 7,000 ft. elevation, given normal atmospheric conditions, using an approved dry gas standard labeled with a gas value of .038 grams of alcohol per 210 liters of breath, the AlcoMonitor CC will display the expected dry gas value as .029. If an accuracy check is run when the expected value of the dry gas standard is .029, the tolerance requirement is met if the accuracy check result does not differ by more than  $\pm .005$  grams per 210 liters of breath of the expected (.029) value).**

When an accuracy check is run on an instrument and the displayed result differs by more than  $\pm .005$  grams of alcohol per 210 liters of breath, as compared with the expected value of the standard gas sample, the employer shall take the instrument out of service as per 49 CFR, Part 40.233(c)(3) and have it recalibrated and checked for accuracy by a properly certified calibration technician before putting the instrument back into service.

### Inspection, Maintenance and Calibration Requirements

The instrument must be calibrated when the displayed result of an accuracy check differs by more than  $\pm .005$  from the expected result of the standard gas sample.

The instrument must be taken out of service if:

- the instrument repeatedly fails to maintain its calibration (i.e. if after two successive attempts to calibrate the device a successful accuracy check was not obtained);
- the instrument fails to maintain its calibration on three consecutive monthly accuracy checks;
- the instrument consistently takes more than two minutes to perform a breath analysis on a sample with a concentration less than .100 grams per 210 liters of breath.

It is highly recommended that the instrument be inspected by a certified technician at least once every two years in service.

Routine maintenance procedures are specified in the manuals of each instrument and must be followed in order to insure accurate test results.