

Student Name: _____

Date: _____

ALCO-SENSOR IV with Memory PERFORMANCE CHECK SHEET

Instrument	Activity	Subject	Test Result	Objective
Alco-Sensor IV	Screening Test	Partner		Practice paperwork – learn auto sample
Alco-Sensor IV	Screening Test (Shy Lung)	Partner		Practice paperwork – learn NOGO messages
Alco-Sensor IV	Screening Test (Manual)	Partner		Practice paperwork – learn manual sampling

Instrument	Activity	Subject	Test Result	Objective
Alco-Sensor IV	Screening Test (Positive) Confirmation Test (Positive) Accuracy Check	Instructor	_____ _____ _____	Practice complete positive test sequence followed by Accuracy Check
Alco-Sensor IV	Screening Test (Positive) Confirmation Test (Negative)	Instructor / Partner	_____ _____	Practice positive
Alco-Sensor IV	Screening Test (No printout – handwritten)	Partner	_____	Practice obstacle
Alco-Sensor IV	Screening Test Confirmation Test	Partner	_____ _____	Practice obstacle – roleplay assigned by instructor

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

CALIBRATION TECHNICIAN ONLY

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

Instrument	Activity	Subject	Test Result	Objective
Alco-Sensor IV (cal tech only)	Calibration Type of Standard _____	Set Value _____	Calibration Result _____	Proficiency in Calibration Procedure
Alco-Sensor IV	Accuracy Check Type of Standard _____	Exp. Value _____	Accuracy Check Result _____	Proficiency in Accuracy Check Procedure

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