

# INTOXILYZER 5000



## SUBJECT TEST FORM

<b>TEST DATE</b> MONTH   DAY   YEAR			<b>SUBJECT NAME</b>		
<b>DATE OF BIRTH</b> MONTH   DAY   YEAR			<b>AGE</b>	<b>SEX</b>	<b>SOCIAL SECURITY #</b>
<b>ADDRESS</b>				<b>CITY</b>	
<b>STATE</b>	<b>ZIP CODE</b>	<b>DRIVER LICENSE #</b>		<b>STATE</b>	<b>EXPIRES</b>
<b>ARRESTING OFFICER</b>			<b>DEPARTMENT</b>		
<b>UNIFORM TRAFFIC TICKET #</b>			<b>STATUTE / ORDINANCE</b>		
<b>VIOLATION</b>				<b>TEST SITE #</b>	

### *Intoxilyzer 5000 Operational Checklist*

- (1) Observe subject for twenty minutes prior to testing to prevent oral intake of any material.
- (2) Press "START" button.
- (3) Enter data as prompted by instrument display.
- (4) Take breath sample when "PLEASE BLOW" appears on display.

CHECK IF SUBJECT REFUSED TEST

<b>TEST RESULT</b>
0. _____ g/210L

<b>PERMIT #</b>	<b>EXPIRATION DATE</b> MONTH   DAY   YEAR	<b>INSTRUMENT SERIAL #</b>	<b>TEST I.D. #</b>
<b>OPERATORS SIGNATURE</b>		<b>DEPARTMENT</b>	