



# Department of Public Safety and Correctional Services

## Alcohol Testing Form

*(PAXT, DOC, and DPDS)*

**TO BE COMPLETED BY CORRECTIONAL OFFICER / ALCOHOL TECHNICIAN:**

Correctional Officer Name : \_\_\_\_\_  
*(Print) (First, Last)*

Correctional Facility: \_\_\_\_\_

IP Name: \_\_\_\_\_  
*(Print) (First, Last)*

IP SID/DOC#: \_\_\_\_\_

Housing Location: \_\_\_\_\_

Reason for Test:  Random     Spot     Routine

*Print Screening Results Here if equipment is designed to print.*

**TO BE COMPLETED BY INCARCERATED INDIVIDUAL (IP):**

I certify that I am about to submit to alcohol testing required by the Department of Public Safety and Correctional Services and that the identifying information provided on the form is true and correct.

\_\_\_\_\_ \_\_\_\_\_  
*(IP Signature)* *(Date)*

**TO BE COMPLETED BY CORRECTIONAL OFFICER / ALCOHOL TECHNICIAN:**

I certify that I have conducted alcohol testing on the above named individual in accordance with procedures established in *OPS.110.0015*, and that I am authorized to use the testing device(s) identified, and that the results are as recorded.

Device:  Saliva or  Breath

Screening Test: *(For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)*

Testing Device Name: \_\_\_\_\_ Device Serial or Lot #: \_\_\_\_\_  
 Activation Time: \_\_\_\_\_ Reading Time: \_\_\_\_\_ Result: \_\_\_\_\_

Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
*(Officer Signature)* *(Date)*