

D.U.I. BREATH TESTING LOG

DEPARTMENT / AGENCY: _____

ADDRESS: _____

DEVICE: Serial No: _____

Manufacturer: CMI

Make: INTOXILYZER

Model: 8000 SERIES

DATE	TIME	SUBJECT NAME (Last, First, M.I.)	TEST RESULTS				OPERATOR'S NAME	OPERATOR CERT. #	COMMENTS
			Standard Test	Subject Test #1	Subject Test #2	Subject* Test #3			

* USE IF FIRST TWO TESTS DIFFER BY MORE THAN 0.020