D.U.I. BREATH TESTING LOG

DEPARTMENT / AGENCY:						ADDRESS:				
DEVICE	E: Serial N	Io:	Mar	Manufacturer: <u>CMI</u>			Make: <u>INTOXILYZER</u>		Model: 8000 SERIES	
DATE	TIME	SUBJECT NAME (Last, First, M.I.)	TEST RESULTS							
			Standard Test	Subject Test #1	Subject Test #2	Subject* Test #3	OPERATOR'S NAME	OPERATOR CERT.#	COMMENTS	

^{*} USE IF FIRST TWO TESTS DIFFER BY MORE THAN 0.020