



Breath Alcohol Technician (BAT) Proficiency Certification

BAT Name _____

Company _____

Street _____

City _____ ST _____ Zip _____

Ph _____ Fax _____

Email _____

EBT Make/Model: _____

	<u>ACTIVITY</u>	<u>TEST TYPE</u>	<u>SUBJECT</u>	<u>RESULT</u>
1	Screening Test	Negative	Partner	
2	Screening Test	Negative	Partner	
3	Screening Test	Insufficient Breath	Partner	
4	Screening Test	Manual Sample	Partner	
5	Screening Test	Positive	Partner	
	Confirmation Test	Positive	Partner	
	Accuracy Check	Expected Value		
6	Screening Test	Positive	Partner	
	Confirmation Test	Negative	Partner	
	Accuracy Check	Expected Value		
7	Screening Test	Refusal	Partner	
Opt	Calibration	Set Value		
Opt	Accuracy Check	Expected Value		

I certify that I have conducted seven consecutive, error-free mock tests. I understand that the device manufacturer may have additional requirements for conducting calibrations.

Today's Date _____ Signature of BAT _____

Instructor / Monitor Certification

Monitor Name _____

Company _____

Street _____

City _____ ST _____ Zip _____

Ph _____ Fax _____ Email _____

I certify that I am a Qualified Monitor, I have verified the BAT's Qualification Training, and I have observed the BAT conduct seven consecutive, error-free mock tests as required by the DOT regulations. I understand that I must meet device manufacturer requirements to conduct calibration training.

Check if non-DOT _____

Today's Date _____ Signature of Monitor _____

MONITORS/BATS: KEEP FOR YOUR RECORDS

Alpha Pro Solutions, Inc. www.alphapro solutions.com Email:Trainer@alphapro solutions.com
28967 State Road 54 - Wesley Chapel, FL 33543 Phone (800) 277-1997 Fax (775) 871-8538