



Screening Test Technician (STT) Proficiency Sheet

STT Name _____
 Company _____
 Street _____
 City _____ ST _____ Zip _____
 Ph _____ Fax _____
 Email _____
 ASD Make/Model: _____

	ACTIVITY	TEST TYPE	SUBJECT	RESULT (Example: 0.020)
1	Screening Test	Negative	Partner	
2	Screening Test	Insufficient/Eventful	Partner	
3	Screening Test	Positive	Partner	
4	Screening Test	Positive	Partner	
5	Screening Test	Refusal	Partner	
Opt	Accuracy Check	Expected Value		
Opt	Calibration	Set Value		
Opt	Accuracy Check	Expected Value		

I certify that I conducted the five consecutive, error-free mock tests noted above. I understand the device manufacturer may have additional requirements for conducting checks and/or calibrations.

Today's Date _____ Signature of STT _____

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 STT's Qualification Training, and I have observed the STT conduct five consecutive, error-free mock tests as required by the DOT regulations. I understand that I must meet device manufacturer requirements to conduct calibration training and/or checks, when applicable. Check if non-DOT _____

Today's Date _____ Signature of Monitor _____

MONITORS/STTS: KEEP FOR YOUR RECORDS

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