BREATHALYZER INSTRUMENT LOG

Vendor Name	
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Instrument Serial Number	Requirements for Calibration	Dates of Calibration	Date of Next Calibration	Signature of Person Conducting the Calibration

BREATHALYZER LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name	PACTS #	Month/Yes	ar	
Client's Signature/Initials	Collector's Initials	Reason Tested	Test Results	Refusal
Comments (please note any unusual occurrences	s):			

SWEAT PATCH TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH COMPLETE THE FIRST FIVE COLUMNS UPON APPLICATION, AND THE LAST FOUR UPON REMOVAL

Client Nam	e		PACTS#		_ Month	/Year			
Application Date	Client's Signature/Initials	Chain of Custody Bar Code Number	Medications Taken	Collector's Initials	Removal Date	Client's Initials	Collector's Initials	Test Results/Date	Co-Pay Collected
Comments (please note any unusi	ual occurrences):							

URINALYSIS TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name	PACTS #	Month/Year_

Date Collected	Client's Signature/Initials	Bar Code Number	Special Tests	Medications Taken	Collector's Initials	Test Results/Date Received	Co-Pay Collected