



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

JOHN J. FARMER, JR.
Attorney General

PO Box 085
TRENTON, NJ 08625-0085
TELEPHONE (609) 984-6500

KATHRYN FLICKER
Director

MEMORANDUM

TO: ALL CHIEFS OF POLICE & LAW ENFORCEMENT EXECUTIVES
SUPERINTENDENT, DIVISION OF STATE POLICE

FROM: SDAG CHARLES GRINNELL
ACTING CHIEF, PROSECUTORS & POLICE BUREAU

DATE: NOVEMBER 2, 2001

SUBJECT: NEW ALCOHOL INFLUENCE & BREATHALYZER CHECK LIST FORM -
EFFECTIVE MONDAY, NOVEMBER 19, 2001

Effective Monday, November 19, 2001 and pursuant to an amendment to the Chemical Breath Testing Regulations found at *N.J.A.C. 13:51-3.6(a)2*, a new mandatory Alcohol Influence and Breathalyzer Check List form (copy attached) is to be utilized by all police and law enforcement agencies in this State. Under the provisions of *N.J.S.A. 39:4-50.2(b)*; *39:3-10.24b*; or *12:7-55b*, **this new form must be utilized** when administering chemical breath tests, on a Breathalyzer or other photometric breath test instrument (*N.J.A.C. 13:51-3.5(a)1*), to a person suspected of violating any of the following statutes: *N.J.S.A. 39:4-50* (operating a motor vehicle with a blood alcohol concentration of 0.10% or more); *N.J.S.A. 39:3-10.13* (operating a commercial motor vehicle with an alcohol concentration of 0.04% or more); or *N.J.S.A. 12:7-46* (operating a vessel with a blood alcohol concentration of 0.10% or more).

Each police and law enforcement agency will need to adapt the form to incorporate the name of their agency in the title of the form. This form is also available and can be downloaded, in a fillable PDF format, from the Division of Criminal Justice Internet Web Site at www.njdcj.org under "DWI Enforcement."

Operational inquiries and questions regarding the use and adaptation of this form should be directed to the Alcohol/Drug Test Unit, Division of State Police, telephone (609) 671-0040. Other questions should be directed to the Office of the County Prosecutor.



NAME OF POLICE DEPARTMENT - ALCOHOL INFLUENCE REPORT FORM

Defendant (First name)		(Initial)	(Last name)	Case Number	Sequential File No.
Age	Sex	Weight	Eyes	Arrested by	

CHEMICAL BREATH TEST INFORMATION

Instrument: Breathalyzer, Model 900 Breathalyzer, Model 900A Dominator Albreath

	Instrument Serial Number	Ampoule Control Lot Number	Purge % Results	Samples Taken Date / Time	Blood Alcohol % Results
Test #1					
Test #2					
Test #3					
Test #4					

BREATHALYZER CHECK LIST - N.J.A.C. 13:51-3.6(a)2

Mark all applicable boxes with an "X" or a check mark.

Set Up Phase Verify Power switch is turned "On". If the power switch is in the "Off" position, turn the switch "On".

TESTS

#1	#2	#3	#4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation Phase
<input type="checkbox"/>	N/A*	N/A*	N/A*	1. Instrument temperature: Verified temperature, thermometer reached 50°C, plus or minus 3°C.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Reference Ampoule: Gauged; Inserted in left hand holder.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Test Ampoule: Gauged; Opened; Verified volume; Inserted in right hand holder.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Bubbler: Inserted into test ampoule; Connected to outlet.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Light turned on; Instrument balanced, Blood Alcohol Pointer set on Start Line.
				Purge Phase
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Turned control knob to the "Take" position; Flushed; Turned control knob to the "Analyze" position.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Purge: When red empty signal appeared, waited 90 seconds; Light turned on; Instrument balanced.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Purge Result Recorded.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Blood Alcohol Pointer set on Start Line.
				Analysis Phase
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. New mouthpiece inserted in breath tube.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Take Breath Sample: Turned control knob to the "Take" position; Took breath sample from defendant; Turned control knob to the "Analyze" position.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Date & Time Recorded.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. When red empty signal appeared, waited 90 seconds; Light turned on; Instrument balanced.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Breath Test Result Recorded.
				Second or subsequent breath tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Test ampoule removed; properly disposed. Power switch remained "On". Return to Step 1, start next breath test.

*Steps marked with an "N/A" are only performed on the first breath test, and do not have to be repeated on any subsequent breath tests.

Breath Test Operator

Copy Given to Subject

Rank _____ Signature _____ Badge # _____ Date _____ Time _____