

ALCOHOL AND DRUG TESTING



Intoxilyzer 8000 (OH-5)
ODH Proficiency

Revised 10-2012



This proficiency test is an examination of your ability to follow the instructions in this document and fill in the appropriate data as instructed. Additionally, a witness is required to verify your participation in this activity and their signature is required as well. This test is only required if you have not performed a complete, successful subject test (BrAC results are printed) in the Calendar year and you still wish to maintain an active access card to operate the Intoxilyzer 8000 (OH-5).

This proficiency test has no subject, no suspect is under arrest, and no individual is being charged or will be prosecuted under one of the OVI statutes in which reading of the Bureau of Motor Vehicle (BMV) 2255 implied consent form applies. Therefore, reading of the form is not relevant for the purposes of this test, however, to proceed with the proficiency test, you must indicate Y (Yes) when asked if you have read the 2255 form.

You must use your access card for the operator section input to ensure the correct data is populated in this section. You must correctly enter the “Time First Observed” and the “Time of Violation”. There are five (5) mandatory fields in the Subject Test (Subject’s Last Name, Subject’s First Name, Subject’s Zip Code, Subject’s Date of Birth, and Vehicle Year) that must be entered as indicated on this form. All other fields are intentionally left blank. All data to be manually entered by the operator is in italics.





START PROFICIENCY TEST



The **START TEST** button initiates the testing sequence.

Ready Mode
08/16/2011 09:40

Ready Mode
Push Button to Start

You MUST use your access card. If you are having difficulties with the Access Card contact the Alcohol & Drug Testing Program at 614-644-4609



BADT@ODH.OHIO.GOV

Place **OPERATOR ACCESS CARD** under the red light near the keyboard. The **2-D BAR CODE** reader is light sensitive. You may use a flashlight to illuminate the certification card in low light conditions.

Swipe/scan Access Card
or press enter

Type in your **4-DIGIT PIN NUMBER**
Press **ENTER** to continue.

Enter 4-Digit Pin #

VERIFY all the information as the prompts are displayed.
If the prompt information is correct, press **ENTER** to continue.
If the prompt information is incorrect, correct manually using the keyboard, then press **ENTER** to continue.

If you have issues with the access card and/or if the information on the card is incorrect, contact the Alcohol & Drug Testing Program at 614-644-4609.

Your **LAST NAME** from the Operator access card appears on the display. Press **ENTER**, if correct, to continue.

Operator's Last Name?





Your **FIRST NAME** from the Operator access card appears on the display.
Press **ENTER**, if correct, to continue.

Operator's First Name?

Your **BADGE NUMBER** from the Operator access card appears on the display.
Press **ENTER**, if correct, to continue.

Operator's Badge #?

Your **AGENCY** from the Operator access card appears on the display.
Press **ENTER**, if correct, to continue.

Operator's Agency?

Your **COUNTY** from the Operator access card appears on the display.
Press **ENTER**, if correct, to continue.

Operator's County?

Subtract one (1) hour from the current time
Use **24-HOUR** format **00:00** (The **:** automatically appears). Example: 08:00 – (1:00) **ENTER** 07:00.
Press **ENTER** to continue.

Time First Observed?

The “**Y**” (Yes) response is displayed.
Press **ENTER** to continue.

Is Operator Arresting Officer?
Y

The agency Court code is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency Court Code

The agency NCIC # is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency NCIC#

The agency Street address is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency Street Address

The arresting agency city is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency City





The arresting agency state is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency State

The arresting agency zip code is displayed
Press **ENTER**, if correct, to continue.

Arresting Agency Zip Code

The “**N**” (No) response is displayed.
Press **ENTER** to skip **REVIEW DATA**.
Press “**Y**” (Yes) to **REVIEW** the information.
Press **ENTER** to verify each entry.

Review Data (Y/N)?
N

The **TEST LOCATION** of “**S**” (Station) is displayed.
Press **ENTER** to continue.

Test Location (R/S)? **S**
Station

The “**N**” (No) response is displayed.
Press **ENTER** to continue.

Print Implied Consent Warning?
N

The instrument will display the **CURRENT DATE**.
Press **ENTER** to continue.

Date of Violation:

The instrument will automatically display the
CURRENT DAY. The instrument automatically
forwards to the next display field.

Day of Violation?

*Enter the time used previously for “Time First
Observed”.*
Press **ENTER** to continue.

Time of Violation?

The “**N**” (No) response is displayed.
Press “**Y**” (Yes).
Press **ENTER** to continue.

Implied Consent Warning Given?
N

The “**N**” (No) response is displayed.
Press **ENTER** to continue.

Sobriety Checkpoint Arrest?
N

Press **ENTER** to continue.

Violation Street Name?





Press **ENTER** to continue.

Violation Street Number or MP?

Press **ENTER** to continue.

Violation City?

Your **COUNTY** from the access card appears on the display. If the county information is incorrect, type in the correct county or use the UP or DOWN arrows to select the correct county. Press **ENTER** to continue.

Violation County?

The “**N**” (No) response is displayed.
Press **ENTER** to continue.

Crash (Y/N)?
N

The “**N**” (No) response is displayed.
Press **ENTER** to skip **REVIEW DATA**.
Press “**Y**” (Yes) to **REVIEW** the information.
Press **ENTER** to verify each entry.

Review Data (Y/N)?
N

Press **ENTER** to manually enter the subject information for the Proficiency Test, following the instrument display.

Press enter

DO NOT SCAN YOUR ACCESS CARD OR A DL.

**On any fields that are NOT mandatory, you will press the ENTER key.
For any mandatory field, enter data as indicated in these instructions and press ENTER.**

Type in **TEST**
Press **ENTER** to continue.

Subject’s Last Name?
TEST

Type in **TEST**
Press **ENTER** to continue.

Subject’s First Name?
TEST

Press **ENTER** to continue

Subject’s Street Address?





Press **ENTER** to continue.

Subject's City?

The display defaults to "**OH**".
Press **ENTER** to continue.

Subject's State? **OH**
Ohio

Type in **11111** for the **ZIP CODE**.
Press **ENTER** to continue.

Subject's Zip Code?
11111

Type in **01/01/2000**.
Press **ENTER** to continue.

Subject's Date of Birth
(on date of violation)

The instrument will display the **SUBJECTS AGE**.
The instrument automatically forwards to the next
display field.

Subject's Age:

DO NOT ENTER A SOCIAL SECURITY NUMBER
Press **ENTER** to continue.

Subject's Social Security #?

The prompt defaults to "**M**".
Press **ENTER** to continue.

Subject's Sex? **M**
Male

Press **ENTER** to continue.

County of Residence?

The prompt defaults to "**W**".
Press **ENTER** to continue.

Subject's Race? **W**
White

Press **ENTER** to continue.

Operator License # / State ID #?

The display defaults to "**OH**".
Press **ENTER** to continue.

State of Issue? **OH**
Ohio





The display defaults to “**D**”.
Press **ENTER** to continue.

License Class? **D**
Operator

The display defaults to “**A**”.
Press **ENTER** to continue.

License Restrictions? **A**
None

The display defaults to “**NONE**”.
Press **ENTER** to continue.

License Endorsements?
None

Press **ENTER** to continue.

License Expiration Date?

The “**N**” (No) response is displayed.
Press **ENTER** to skip **REVIEW DATA**.
Press “**Y**” (Yes) to **REVIEW** the information.
Press **ENTER** to verify each entry.

Review Data (Y/N)?
N

Print the word **TEST** on the **SIGNATURE PAD**.
Press **ACCEPT** on the signature pad or Press **ENTER**

Violator
Please Sign on Attached Pad

Have a **WITNESS sign** on the **SIGNATURE PAD**.
You **MUST** have someone other than you sign this.
Press **ACCEPT** on the signature pad or Press **ENTER**

Witness
Please Sign on Attached Pad

Sign YOUR NAME as the **TESTING OFFICER**
on the SIGNATURE PAD.
Press **ACCEPT** on the signature pad or Press **ENTER**

Operator
Please Sign on Attached Pad

The “**N**” (No) response is displayed.
Press **ENTER** to continue with the testing sequence.

Refuse Breath Test?
N

The “**N**” (No) response is displayed.
Press **ENTER** to skip **REVIEW DATA**.
Press “**Y**” (Yes) to **REVIEW** the information.
Press **ENTER** to verify each entry.

Review Data (Y/N)?
N





**PLACE A MOUTHPIECE ON THE BREATH TUBE.
PROVIDE A BREATH SAMPLE SUFFICIENT
TO COMPLETE THE FIRST SAMPLE.**

**Please Blow Until
Tone Stops/R**
 0%

DISCARD THE MOUTHPIECE

Press any Key to Proceed

**Please Remove Mouthpiece
Press Any Key to Proceed**

Press **ENTER** to continue.

Citation #?

Press **ENTER** to continue.

Vehicle VIN #?

Press **ENTER** to continue.

Vehicle License #?

The display defaults to **“OH”**.

Press **ENTER** to continue.

**Vehicle License State? OH
Ohio**

Type in **2000**.

Press **ENTER** to continue.

**Vehicle Year?
2000**

Press **ENTER** to continue.

Vehicle Make?

The display defaults to **“P”**.

Press **ENTER** to continue.

**Vehicle Type? P
Passenger Car**

The **“Y”** (Yes) response is displayed.

Press **ENTER** to continue.

**Is Operator Vehicle Owner?
Y**

The **“N”** (No) response is displayed.

Press **Enter** to continue

**Operating Commercial Vehicle?
N**





The "N" (No) response is displayed.
Press **ENTER** to skip **REVIEW DATA**.
Press "Y" (Yes) to **REVIEW** the information.
Press **ENTER** to verify each entry.

Review Data (Y/N)?
N

Press any key on the keyboard to continue.

Please Replace Mouthpiece
Press Any Key to Proceed

The remaining **COUNTDOWN** from subject sample one (2-minutes) is displayed.

Please Wait
Ready in 00:80

Place a new **MOUTHPIECE** on breath tube for the second subject sample.

PROVIDE A BREATH SAMPLE SUFFICIENT TO COMPLETE THE SECOND SAMPLE.

Please Blow Until
Tone Stops/R
 0%

DISCARD THE MOUTHPIECE

Press any Key to Proceed

Please Remove Mouthpiece
Press Any Key to Proceed

The instrument continues until the test is complete.
Printing of forms begins.

Printing Form
.....

The instrument returns to "Ready Mode".

Ready Mode
04/01/2009 09:40





A Successful **“Subject Test Report”** is required. (BrAC results are printed).

“Subject Invalid Test Report” is an **Unsuccessful Proficiency**.

“Subject Test Refusal Report” is an **Unsuccessful Proficiency**.

If a second attempt results in an invalid test report, contact BADT.

** Once you are finished, turn both power switches off, wait a minute, then turn both power switches back on and press the “Start Test” button. When the instrument enters “Ready Mode”, Press Control U to download results.

Please Note: If more than one person is conducting a proficiency test, perform the above steps after the last proficiency is completed.

Make sure the person who performs the CTRL U stands by the instrument to ensure a successful download. If the first CTRL U fails, turn both power switches off, then turn both power switches back on, press the START TEST button, wait for the countdown to finish, and then press CTRL U again. If the second download fails, contact BADT@odh.ohio.gov and/or leave a message at 614-644-4609.

**As part of the Proficiency Test, you must contact the Alcohol & Drug Testing Program at BADT@odh.ohio.gov and provide the following:

Your NAME (as it appears on the access card);

Your Access Card number;

Your Agency name;

Date of the Proficiency.

Include contact information, email address and agency phone number(s).

Please keep a copy of the TEST for your records.

PROFICIENCY TEST COMPLETE

