

ALCOHOL AND DRUG TESTING



Intoxilyzer 8000 (OH-5)
ODH Proficiency

Revision 01/2016



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 required if you have not performed a complete, successful subject test (BrAC results are printed) in the Calendar year and you 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. For a proficiency test all other fields are intentionally left blank. All data to be manually entered by the operator is in italics.

Many of the fields are left blank on this illustration. If you do not see any instruction for data entry, continue to press the enter key rather than entering any data.





START PROFICIENCY TEST



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

Ready Mode
08/16/2015 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.

If you have lost your card, please contact our office for further instruction.





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

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

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

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

Press **ENTER** to manually enter the subject information for the Proficiency Test, following the instrument display.
DO NOT SCAN YOUR ACCESS CARD OR A DL.

On any fields that are NOT mandatory or not indicated, 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.

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

Type in **1111** for the **ZIP CODE**.
Press **ENTER** to continue.

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

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

Time First Observed?

Print Implied Consent Warning?
N

Time of Violation?

Implied Consent Warning Given?
N

Press enter

Subject's Last Name?
TEST

Subject's First Name?
TEST

Subject's Zip Code?
1111

Subject's Date of Birth

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**

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

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

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

DISCARD THE MOUTHPIECE
Press any Key to Proceed

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

Press any key on the keyboard to continue.
Do NOT replace the mouthpiece at this time.
Wait until the next “Please Blow” appears to replace
the mouthpiece.

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

Place a new **MOUTHPIECE** on breath tube for the
second subject sample.
PROVIDE A BREATH SAMPLE SUFFICIENT
TO COMPLETE THE SECOND SAMPLE.

DISCARD THE MOUTHPIECE
Press any Key to Proceed
The instrument continues until the test is complete.
Printing of forms begins.

The instrument returns to “Ready Mode”.

Witness
Please Sign on Attached Pad

Operator
Please Sign on Attached Pad

Refuse Breath Test?
N

Please Blow Until
Tone Stops/R
0%

Please Remove Mouthpiece
Press Any Key to Proceed

Vehicle Year?
2000

Please Replace Mouthpiece
Press Any Key to Proceed

Please Wait
Ready in 01:20

Please Blow Until
Tone Stops/R
0%

Please Remove Mouthpiece
Press Any Key to Proceed

Printing Form
.....

Ready Mode
08/16/2015 10:15





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.

Once the records are received at the program office, they will be evaluated and successful tests will result in the card status being updated. Unsuccessful attempts will result in a notice to the operator that they must complete another test. The operator can check the status of their operator card by searching this website: <http://publicapps.odh.ohio.gov/BreathInstrument/>.

Expand the dropdown box for the Officer Info, type in your name as the operator and press enter.





Report Link	Date	Subject	Arresting Agency	Arresting Officer	Breath Test Operator
Report	1/11/2016	THOMAS, DAVID	PIQUA HIGHWAY PATROL	SMITH, JEREMIAH	SMITH, JEREMIAH
Report	1/6/2016	TEST, TEST	ATHENS HIGHWAY PATROL	SMITH, NATAN	SMITH, NATAN
Report	1/7/2016	WANG, LILIAN	BUTLER COUNTY SHERIFF'S OFFICE	OPSON, MICHAEL	SMITH, AARON
Report	1/3/2016	DAZ, CARLOS	SPRINGFIELD POLICE DEPARTMENT	SMITH, DEREK	SMITH, DEREK
Report	1/3/2016	DAZ, CARLOS	SPRINGFIELD POLICE DEPARTMENT	SMITH, DEREK	SMITH, DEREK
Report	1/3/2016	COLEMAN, RONDA	SPRINGFIELD POLICE DEPARTMENT	SMITH, DEREK	SMITH, DEREK
Report	1/3/2016	COLEMAN, RONDA	SPRINGFIELD POLICE DEPARTMENT	SMITH, DEREK	SMITH, DEREK
Report	1/3/2016	HOUSE, CODY	BUTLER COUNTY SHERIFF'S OFFICE	GABRIARD, DONALD	SMITH, AARON
Report	1/3/2016	TEST, TEST	WILMINGTON HIGHWAY PATROL	SMITH, CHAD	SMITH, CHAD
Report	1/3/2016	TEST, TEST	TWP CITY POLICE DEPARTMENT	SMITH, ANTHONY	SMITH, ANTHONY
Report	1/3/2016	TEST, TEST	SHARONVILLE POLICE DEPARTMENT	SMITH, DEANNA	SMITH, DEANNA
Report	1/3/2016	TEST, TEST	SHARONVILLE POLICE DEPARTMENT	SMITH, DEANNA	SMITH, DEANNA
Report	1/3/2016	TEST, TEST	SPRINGFIELD POLICE DEPARTMENT	SMITH, DEREK	SMITH, DEREK
Report	1/3/2016	TEST, TEST	TOLEDO POLICE DEPARTMENT	SMITH, MICHAEL	SMITH, MICHAEL
Report	12/18/2015	TEST, TEST	MARYSVILLE HIGHWAY PATROL	HIGHSMITH, JASON	HIGHSMITH, JASON

Enter the operator's name and look for the test date of your record. Scroll over to the Breath Test Operator field. If the current proficiency date falls within the current calendar year, your card will be updated through the next calendar year.

Remember that records take a significant amount of time to be processed through the system. Do NOT hesitate to conduct a test early on in the calendar year.

Please keep a copy of the TEST for your records.

Please do NOT send emails concerning the test(s) – incomplete tests will be evaluated and notices sent to you or to your agency.

PROFICIENCY TEST COMPLETE

