

Student Workbook

BUI Detection (Phases I, II, and III)



Maritime Law Enforcement Academy

Federal Law Enforcement Training Center
Charleston, SC

1.3-2-3-4-07.1

July 2007





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References

Maritime Law Enforcement Manual, COMDTINST M16247.1(series) - <http://cgweb.comdt.uscg.mil/g-opl/MLEM/MLEM.htm>

United States Code – <http://www.uscg.mil/hq/g-o/mlea/links.shtm>

Code of Federal Regulations – <http://www.gpoaccess.gov/cfr/>

Boarding Officer Job Aid Kit - <http://cgweb.comdt.uscg.mil/g-opl/Policy/BOJAK.htm>

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Objective(s)

1. **EXPLAIN** the three phases in determining an intoxicated individual and what questions must be answered.

Phase I:

2. **LIST** visual observations that may be associated with intoxicated operation.

Phase II:

3. **LIST** the indicators a Boarding Officer may see during a boarding that may suggest impairment.
4. **LIST** the indicators a Boarding Officer may hear during a boarding that may suggest impairment.



5. **LIST** the indicators a Boarding Officer may smell during a boarding that may suggest impairment.

Phase III:

6. **STATE** how a Boarding Officer discriminates between stressors and symptoms of impairment.
7. **DEMONSTRATE** the standard procedures of an afloat field sobriety test to include: Alphabet Test, Backwards Count, Finger Count, Palm Pat, Finger to Nose, and Horizontal Gaze Nystagmus.
8. **DEMONSTRATE** the standard procedures of an ashore field sobriety test to include: Horizontal Gaze Nystagmus, Walk and Turn, and One-Leg Stand.
9. **EXPLAIN** the three specific clues of alcohol influence observed while administering the Horizontal Gaze Nystagmus test.

**Reading
Assignment**

Step	Action
1	Read the following pages of the MLEM prior to attending class: <ul style="list-style-type: none">• Chapter 11, Sections C.5. (page 11-9) through C.5.f. (page 11-12)
2	Read the Field Sobriety Test Performance Report (FSTPR) on the following pages of the MLEM: <ul style="list-style-type: none">• Pages 11-20 through 11-21
3	Read the Supplemental Reading found in this workbook prior to attending class



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Supplemental Information

Field Sobriety Tests Supplemental Reading

Introduction

Field Sobriety Tests (FSTs) are a means of measuring a person's degree of intoxication to establish if a violation of BUI regulations exists. These tests are designed to show neurological impairment in individuals:

- Judgment
 - Coordination
 - Memory
 - Ability to divide attention
 - Ability to perform simple tasks
-

Objectives

At the conclusion of this section, you will be able to properly administer the standard field sobriety tests.

General Information on Field Sobriety Tests (FSTs)

Types of FST Batteries

There are only eight Field Sobriety Tests authorized for use by Coast Guard Boarding Officers. These tests are grouped in two test batteries.

- Afloat test battery
- Ashore test battery

Note: The afloat battery can be used ashore, but the ashore battery cannot be used afloat



Validity of FSTs

The validity of these tests was established in a study conducted at TRACEN Yorktown in May 1987. In the study, 97 persons were tested at various levels of intoxication by six trained officers. The results showed that 82% of the time, the officers accurately determined if the individuals were above or below the .08% BAC level.

The validity of the Ashore Test Battery has been established by the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation. NHTSA, in cooperation with the International Association of Chiefs of Police (IACP), has established standards through testing to ensure consistency in the content, delivery, and application of the Field Sobriety Tests to include the Walk and Turn, the One-Leg Stand, and the Horizontal Gaze Nystagmus (HGN).

Administering Field Sobriety Tests

Introduction

The Coast Guard utilizes two test batteries of field sobriety tests. To ensure the consistency of each test, the officer administering the test must use the standardized instructions documented in this section.

Administering the Entire FST Battery

Any time FSTs are administered, the entire FST battery must be used. The only exception to this rule is if the administration of a specific test would endanger the safety of the subject, or if the officer cannot perform the test himself.

Procedure for Administering FSTs

When administering FSTs, there are general procedures that must be followed. The table below shows this procedure:

Step	Action
1	Give specific instructions.
2	Seek understanding from the person.
3	Demonstrate the test.
4	Again, seek understanding from the person.



Interpreting Results of FSTs

Interpreting the results of FSTs is dependent upon the BO remaining objective by making decisions based on the facts and clues gathered during all three phases. To properly interpret the FST, the officer must also rely on:

- Training
- Experience
- Professional judgment

FST Test Considerations

Introduction

Before and during the administration of field sobriety testing, the BO must take into account some considerations. They are:

- Safety of the BO and BTMs
- Safety of the subject

Safety of the Officer

The safety of the BO and Boarding Team Members is the first concern. Do not underestimate the danger of assault from a subject.

Safety of the Subject

The safety of the subject is a major concern in administering any FST. A BO may be held liable if found negligent in caring for the subject's safety.

When testing a subject, another team member should position himself/herself behind the subject to act as a "safety net" to catch the subject if he or she should fall.

If doubt exists that the test may injure or cause pain to the subject, do not give that test.



Type of Test
Battery to
Administer

The type of test battery to be administered to the subject is a decision that the BO must make. Considerations to help with the decision are:

- Location of the subject and vessel
 - Location of available docks
 - Any physical limitations of the subject or subject's age, especially if they are age 65 or older
 - Ability of officer and subject to perform test(s)
 - Ability to speak English and count to 25
-

Pre-Test Questioning

Pre-Test
Questioning

Pre-test questions are required to be asked before the administration of any SFST. They will assist the officer by:

- Determining whether or not the observations may be due to intoxication
 - Establishing which test(s) should not be given to the subject for safety reasons
 - Ensuring that the SFST results do not contain false clues from injuries or disabilities of the subject
-

Relationship
Between Miranda
and Pre-Test
Questions

The use of pre-test questions has been upheld in courts throughout the U.S. as an investigative tool and as such, does not require a Miranda Warning.



List of Pre-Test Questions

The following are pre-test questions that are required to be asked before administering any SFST:

- Do you have any physical defects?
 - Do you have any physical disabilities?
 - Do you have any defects in your feet, legs, ankles or hips?
 - Do you have any defects with your eyes?
 - Are you sick or injured?
 - Are you under the care of a doctor or dentist?
 - Are you taking any medications or drugs?
 - How far did you go in school?
-

Optional Questions

There are many other questions that the officer could use to assist in determining if the behaviors exhibited by the subject are due to intoxication or by other factors. These other questions are optional and could include:

- How long have you been underway?
 - When was the last time you ate?
 - When was the last time you slept?
 - Have you been drinking alcoholic beverages today?
 - How many alcoholic beverages did you drink today? (Note, this could require a Miranda warning)
 - Over what length of time did you drink?
-

Refusal of Test

An operator's refusal to submit to a Blood Alcohol Concentration (BAC) test may give rise to a presumption of intoxication. Reasonable suspicion of intoxication, combined with a refusal to submit to a BAC test, may satisfy the Probable Cause standard. Operators of U.S. recreational vessels refusing to submit to a BAC test shall be given the following verbal warning: "Your refusal to submit to BAC testing is admissible evidence in any administrative proceedings, and may result in a legal presumption that you are intoxicated; further, your refusal may result in termination of your voyage."



Afloat Test Battery

Afloat Test Battery

The Afloat Test Battery is made up of six separate field sobriety tests. These tests are:

- Alphabet Test
 - Backwards Count
 - Finger Count
 - Palm Pat
 - Finger to Nose
 - Horizontal Gaze Nystagmus
-

Afloat Test Battery - Recite Alphabet Test

Introduction to the Alphabet Test

This is a test for pronunciation and the ability to remember a simple part of everyday life.

Test Considerations

Persons with speech impediments or local or foreign accents may have trouble with correct pronunciation. Foreign alphabets may also have different letters and pronunciation.

Instructions for the Test

The standard instructions for the Alphabet Test are:

- Tell the subject to recite the alphabet, without singing.
 - Ask the subject, "Do you understand?"
 - Begin the test.
-

Possible Indicators of Intoxication

Below is a list of possible indicators of intoxication:

- Sang
 - Letters missed
 - Letters repeated
 - Hesitation
 - Refused test
-



Afloat Test Battery – Backwards Count

Introduction to the Count from 25 to 1 Test

This is a test for pronunciation and the ability to remember a simple part of everyday life.

Test Considerations

Persons with speech impediments or local or foreign accents may have trouble with correct pronunciation. Foreign numerals may also have different pronunciation.

Instructions for the Test

The standard instructions for the Backwards Count are:

- Ask the subject to count backwards from 25 to 1.
 - Ask the subject, "Do you understand?"
 - Begin the test.
-

Possible Indicators of Intoxication

Below is a list of possible indicators of intoxication:

- Numbers missed
 - Numbers repeated
 - Hesitation
 - Refused test
-



Afloat Test Battery – Finger Count Test

Introduction to the Finger Count Test

This will test the subject's ability to coordinate simple finger movement with speech and to focus on an object correctly.

Test Considerations

People with arthritic conditions or injuries to the hands or finger joints may have difficulty with this test. Cold weather may affect the ability to properly perform this test.

Instructions for the Test

The standard instructions for the Finger Count Test are:

- Tell the subject to “extend out your hand”.
 - Demonstrate what to do.
 - Tell the subject to not start until told.
 - Tell the subject to “Touch each of your fingers with the tip of your thumb”.
 - Tell the subject “Start with your index finger, like this”.
 - Demonstrate what to do.
 - Tell the subject, “While counting ‘1,2,3,4,’ count back ‘4,3,2,1.’”
 - Demonstrate what to do.
 - Tell the subject to “Speed up as you go, and do not stop until told.”
 - Ask the subject, “Do you understand?”
 - Begin the test (Observe 4 sets).
 - Tell the subject to stop.
-



Possible Indicators of Intoxication

Below is a list of possible indicators of intoxication:

- Miscounted fingers
 - Sliding of fingers
 - Did not speed up
 - Improper finger touch
 - Improper finger count
 - Refused test
-

Afloat Test Battery – Palm Pat Test

Introduction to the Palm Pat Test

This will test the subject's ability to coordinate simple hand movements with speech and to follow simple directions.

Test Considerations

People with injuries to their hands may have difficulty with this test.

Instructions for the Test

The standard instructions for the Palm Pat Test are:

- Tell the subject to "Place your hands together, palm to palm, like this."
 - Demonstrate for the subject.
 - Tell the subject to not start until told.
 - Tell the subject "When I tell you to begin, turn the top hand over and count '1, 2, 1, 2', like this."
 - Demonstrate for the subject.
 - Tell the subject to speed up as they go and do not stop until told.
 - Ask the subject, "Do you understand?"
 - Begin the test. (Observe 5 sets)
 - Tell the subject to stop.
-



Possible Indicators
of Intoxication

Below is a list of possible indicators of intoxication:

- Did not speed up
 - Unable to complete
 - Sliding of hand
 - Improper count
 - Hesitation
 - Refused test
-



Afloat Test Battery – Finger to Nose Test

Introduction to the Finger to Nose Test

This will test for the ability to maintain balance, coordinate movement, and follow simple directions.

Test Considerations

The subject must be seated before you can administer this exercise.

Instructions for the Test

The standard instructions for the Finger to Nose Test are:

- Tell the subject, “Place your hands down to your sides, extend your index fingers out.”
 - Tell the subject, “On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this.”
 - Demonstrate for the subject.
 - Ask the subject, “Do you understand?”
 - Tell the subject, “Tilt your head back slightly and close your eyes. Keep your eyes closed during the test.”
 - Ask the subject, “Do you understand?”
 - Order the subject to touch in this order, “Right, left, right, left, left, left, right”.
 - Tell the subject to open their eyes.
-

Possible Indicators of Intoxication

Below is a list of possible indicators of intoxication:

- Missed nose
 - Searching pattern
 - Opened eyes
 - Not using proper finger
 - Hesitation
 - Refused test
-



Afloat Test Battery – Horizontal Gaze Nystagmus (HGN)

Introduction to the Horizontal Gaze Nystagmus (HGN) Test

Horizontal Gaze Nystagmus (HGN) is the most accurate of all the field sobriety exercises. This test is a part of both the afloat and ashore test batteries. It will reliably detect an individual whose BAC is above 0.08%, 77% of the time when properly administered.

Nystagmus is an involuntary jerking of the eyeballs as they move from side to side. Nystagmus is not normally found in a sober person. The jerking is made visible to the officer by the effect of alcohol or drugs.

There are a number of different types of nystagmus exercises; all are influenced by alcohol. The HGN is the only nystagmus test authorized for use by Coast Guard Boarding Officers.

The effectiveness of the HGN exercise is high because the jerking is involuntary. The subject is usually unaware that the jerking is happening and is powerless to stop or control it.

Test Considerations The subject **may** be seated before this exercise is administered.

Instructions for the Test

The standard instructions for the HGN Test are:

- Have the subject remove any eyeglasses (note if contact lenses are worn).
 - Tell the subject to keep their head still.
 - Tell the subject, "Focus your eyes on this (object) and follow it with your eyes only."
 - Tell the subject, "Keep focus on this (object) until told the test is over".
 - Ask the subject, "Do you understand?"
 - Begin each test by positioning the stimulus 12-15 inches away from the nose, slightly above eye level.
 - Check for equal tracking by moving the stimulus from center to far right, to far left and back to center (approximately two seconds).
 - Repeat.
 - Check for equal pupil size.
-



Administering the
HGN

- Check for lack of smooth pursuit (high speed pass)

Move the stimulus smoothly from center to far right (checking subject's left eye) then move stimulus smoothly across the subject's face to far left (checking subject's right eye), then back to center. Repeat.

- Check for distinct and sustained nystagmus at maximum deviation (hold for four seconds)

Move the stimulus from center to far right (checking subject's left eye) and hold the stimulus steady at that position for four seconds. Then, move the stimulus across the subject's face to the far left (checking the subject's right eye) and hold steady for four seconds. Repeat.

- Check the angle of the onset of nystagmus prior to 45 degrees (low speed pass).

Move the stimulus from the center towards the right (subject's left eye) slowly, watch for jerking to begin. When jerking begins, stop and hold the stimulus steady at that position. If jerking stops, continue on. If jerking continues, determine if it is within 45 degrees. Move the stimulus from the center towards the left (subject's right eye) slowly, watch for jerking to begin. When jerking begins, stop and hold the stimulus steady at that position. If jerking stops, continue on. If jerking continues, determine if it is within 45 degrees. Repeat.



Possible Indicators of Intoxication

There are a total of six possible clues for a positive HGN. The individual must show at least four clues to indicate a positive HGN.

A stimulus is an object used in the HGN exercise on which the subject will focus their eyes.

Clues of HGN:

When the officer moves a stimulus from side to side, there are three specific clues the officer will look for in each eye. These clues are:

- Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees

Equal Tracking	Before conducting the actual HGN, both eyes should be checked to ensure they track together. To do this, move the stimulus smoothly across the subject's entire field of vision. Check to see if the eyes track the object together or if one lags behind. If the eyes don't track together, it is possibly caused by a medical disorder, injury, or blindness.
Lack of Smooth Pursuit	In checking for this clue, the officer will move a stimulus in front of the subject's eyes in a smooth manner. Normally, an individual's eyes will follow that stimulus with a smooth movement. When nystagmus is present, the eyes will not follow the stimulus smoothly. If the eyeballs appear to jerk or "bounce" as they move left and right, there is a lack of smooth pursuit.
Definition of Maximum Deviation	Maximum deviation is defined as the point where the eye is as far as it can go either to the left or right side. In most individuals, at maximum deviation there will be no white left in the comers of the eyes.
Distinct and Sustained Nystagmus at Maximum Deviation	In checking for this clue, the officer will bring the stimulus out to maximum deviation and hold it there for four seconds. Normally, a subject's eyes will remain steady while watching the stimulus. When nystagmus is present, the subject's eyes will begin to distinctly jerk and the jerking will continue until the stimulus is moved away.



Definition of Angle of Onset	The angle of onset is the point where the jerking first begins and continues. This angle is measured from the center of the eye and can be either left or right of center.
Angle of Onset Prior to 45 Degrees	<p>In checking for this clue, very slowly bring the stimulus out to a point 45 degrees from the center of the eye. It should take about four seconds to reach 45 degrees. If any jerking begins, stop and hold the stimulus at that point. If the jerking continues, determine if the point is more or less than 45 degrees.</p> <p>Normally, the subject's eyes will move smoothly while watching the stimulus. Occasionally, a person's eyes will have a little glitch or jerking. It is only a clue if the jerking continues.</p> <p>When nystagmus is present, the subject's eyes will begin to jerk distinctly and continue until the stimulus is moved away. This jerking is much subtler than at maximum deviation.</p>



Ashore Test Battery

Tests Ashore

Frequently, the BO administering the FSTs for boaters will opt to conduct the FSTs ashore. This allows the officer to maintain better control of the situation. However, there are some inherent problems with the Ashore Exercise Battery.

- If the person being tested has been underway in heavy weather for an extended period, they may have a minor equilibrium problem.
- The use of floating docks should not be used if the docks move when walked on or from the wake of passing vessels. Floating docks are not solid and secure surfaces and should never be used.
- The Afloat Test Battery may be used ashore.

Ashore Battery

These three tests are the Ashore Exercise Battery

- Horizontal Gaze Nystagmus/Vertical Gaze Nystagmus
- Walk and Turn
- One-Leg Stand

It is recommended that all of the tests discussed in the Ashore Exercise Battery be utilized and performed, as given on the Field Sobriety Test Performance Report.

15-Minute Waiting Period

Before administering any ashore FSTs, determine how long the subject has been underway. It is advisable to wait at least 15 minutes after the subject arrives to a secure dock or land before using any ashore FSTs.



Ashore Test Battery – The Walk and Turn Test

Introduction to the Walk and Turn Test

The Walk and Turn exercise is a divided attention test. This test requires the subject to concentrate on the comprehension of verbal instructions, memory recall, and balance and coordination.

Test Considerations

The Walk and Turn exercise requires a hard, level surface with sufficient room for the subject to complete nine heel-to-toe steps. Floating docks should not ever be used.

A straight line must be clearly visible on the surface. Conditions must be such that the subject would be in no danger if they were to fall.

Avoid areas such as:

- Ice
- Wet docks
- Docks with gaps between the planks

NHTSA states that original research has shown that some people have difficulty with balance even when sober. People more than 65 years of age, over 50 pounds overweight, or with physical impairments, which affect their ability to balance, should not be given this test.

Instructions for the Walk and Turn Test

The standard instructions for the Walk and Turn Test are:

Instruction Stage

- Tell the subject, “Place your left foot on the line, right foot in front with the left toe touching the right heel”.
- Demonstrate, with your arms at your sides.
- Tell the subject to remain in this position throughout the instructions.
- Tell the subject to not start until told.



Walking Stage

- Tell the subject, "When told to begin, take nine heel-to-toe steps up the line."
- Tell the subject to turn around by taking a series of small steps.
- Tell the subject to return back down the line with nine heel-to-toe steps.
- Demonstrate by walking perpendicular to the line.
- Demonstrate the turn.
- Demonstrate by walking back, perpendicular to the line.
- Tell the subject to count each step out loud while walking.
- Tell the subject to watch their feet at all times.
- Tell the subject to keep their arms at their side.
- Tell the subject to not stop until the test is completed.
- Ask the subject, "Do you understand?"
- Begin the test.

Possible Indicators of Intoxication

There are eight observable behavior clues in this test. Each of these behaviors is considered as one clue, even when observed more than once.

During Instructions:

- Cannot keep balance
- Starts too soon

During Test:

- Stops
- Misses heel-to-toe (1/2" or greater)
- Steps off the line
- Uses arms to balance (> 6" from side)
- Improper turn
- Steps actually taken
- Refuses test

Termination of Test

The exercise may be terminated if the subject cannot safely complete it. Below are possible conditions when a test can be terminated.

- Subject steps off the line more than three times.
- Subject falls or nearly falls.
- Subject gets into a "leg-locked" position

If the test is terminated, you can only score those clues that you witnessed prior to the test termination.



Ashore Test Battery – The One-Leg Stand Test

Introduction to the One-Leg Stand Test In this exercise, the subject must first concentrate on balancing and listening, then concentrate on balancing and counting out loud.

Test Considerations The One-Leg Stand Exercise requires a hard, level surface. There should be adequate lighting for the subject to have some visual frame of reference. In total darkness, the One-Leg Stand Test is difficult, even for sober people.

NHTSA states that original research has shown that some people have difficulty with balance even when sober. People more than 65 years of age, over 50 pounds overweight, or with physical impairments which affect their ability to balance, should not be given this exercise.

Instructions for the One-Leg Stand Test The standard instructions for the One-Leg Stand Test are:

Instruction stage

- Tell the subject, “Stand with your feet together and arms at your side.”
- Tell the subject to remain in this position during instructions.
- Tell the subject do not start until told.
- Ask the subject, “Do you understand?”

Balancing and Counting Stage

- Demonstrate the position by raising one leg approximately six inches off the ground, with your toe pointed out.
- While holding that position, count out loud, like this: “one-thousand-and-one, one-thousand-and-two,” and so on, not stopping, until told to do so.

Demonstrate Standing and Counting

- Ask the subject, “Do you understand?”
 - Begin the test (observe for 30 seconds).
-



**Possible Indicators
of Intoxication**

There are four observable behavior clues in this exercise:

- Swaying
- Uses arms to balance (> 6" from side)
- Hopping
- Puts foot down
- Refuses test

Time is critical in this exercise. Research has shown that a person with a BAC level of .08% can maintain his balance for up to 25 seconds but seldom as long as 30 seconds.

Termination of Test

The exercise may be terminated if the suspect cannot safely complete it. Below are possible conditions when a test can be terminated.

- Places foot down three or more times
- Falls or nearly falls

If the exercise is terminated, you can only score those clues that you witnessed prior to test termination.



Field Sobriety Test Performance Report



Time:	Date:	Boarding No.:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Pre Test Questions Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscounted <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
--	-----------------	--

Comments:

Official use for U.S. Coast Guard Rev. 7/97



Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure								
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.								
<table border="0"> <tr> <td>Lack of Smooth Pursuit</td> <td>Distinct Nystagmus at Max Deviation</td> <td>Onset Prior to 45 Degrees</td> <td><input type="checkbox"/> Refused Test</td> </tr> <tr> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td></td> </tr> </table>	Lack of Smooth Pursuit	Distinct Nystagmus at Max Deviation	Onset Prior to 45 Degrees	<input type="checkbox"/> Refused Test	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right		
Lack of Smooth Pursuit	Distinct Nystagmus at Max Deviation	Onset Prior to 45 Degrees	<input type="checkbox"/> Refused Test						
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right							

Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (>1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test				
Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Pre Test Questions Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Hesitation <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Refused test
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscalculated <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test. (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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Comments:

Official use for U.S. Coast Guard Rev. 7/97



BUI Detection (Phases I, II, and III)

Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.

Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right	Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Refused Test
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Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (> 1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test

Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Pre Test Questions Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test. A B C D E F G H I J K L M N O P Q R S T U V W X Y Z	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test. 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscalculated <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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Comments:

Official use for U.S. Coast Guard Rev. 7/27



BUI Detection (Phases I, II, and III)

Finger to Nose	
<ol style="list-style-type: none"> Place your hands down to your sides, extend your index fingers out. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO) Do you understand? Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test. Do you understand? Begin the test: Right, left, right, left, left, left, right Open your eyes. 	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Missed nose <input type="checkbox"/> Searching pattern <input type="checkbox"/> Opened eyes <input type="checkbox"/> Not using proper finger <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
<p>Instructions to subject:</p> <ol style="list-style-type: none"> Remove glasses, if worn. Are you wearing contact lenses? Y N Keep your head still. Focus on this _____, and follow it with your eyes only. Do you understand? 	<ol style="list-style-type: none"> Position stimulus 12" - 15" from subject's nose. Begin with subjects left eye. Check for equal tracking and equal pupil size. Check for Lack of Smooth Pursuit. Check for Distinct Nystagmus at Maximum Deviation. Check for Onset of Nystagmus Prior to 45 Degrees. Record results.

Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right	Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Refused Test
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Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
<ol style="list-style-type: none"> Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) Place your arms down to your sides. Remain in this position and do not start walking until told. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) When told, take nine heel-to-toe steps up the line like this: Turn around keeping your front foot on the line using small steps like this: Return back down the line with nine heel-to-toe steps, like this: While walking, watch your feet at all times. Keep your arms at your sides. Count your steps out loud. Don't stop walking until you have completed the test. Do you understand? Begin the test. 	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (> 1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
<ol style="list-style-type: none"> Stand with your feet together. Keep your arms at your sides. Remain in this position and do not raise your leg until told. Do you understand? Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) Keep both legs straight. Keep your eyes on the elevated foot. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. Do you understand? Begin the test. 	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test				
Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Hesitation <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Refused test
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscounted <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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Comments:

Official use for U.S. Coast Guard Rev. 7/97



BUI Detection (Phases I, II, and III)

Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.

Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right	Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Refused Test
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Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (> 1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test				
Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Pre Test Questions Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Hesitation <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Refused test
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscalculation <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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Comments:

Official use for U.S. Coast Guard Rev. 7/97



BUI Detection (Phases I, II, and III)

Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.
Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right
Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Refused Test	

Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (>1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test				
Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Pre Test Questions Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation
ABCDEFGHIJKLMNOPQRSTUVWXYZ		<input type="checkbox"/> Refused test

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Hesitation
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		<input type="checkbox"/> Refused test

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscalculated <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count
		<input type="checkbox"/> Refused test

1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test. (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation
		<input type="checkbox"/> Refused test

Comments:

Official use for U.S. Coast Guard Rev. 7/97



BUI Detection (Phases I, II, and III)

Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.

Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right	Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Refused Test
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Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (>1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test				
Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



Field Sobriety Test Performance Report



Time:	Date:	Boarding No.:	Boarding Officer:		
Subjects Name:		Color Eyes:	Age:	Height:	Weight:

Observations

Clothes: Describe: (Type, Color & Condition)			
Odor of alcoholic Beverage <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> None Speech <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other	Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other Color of Face <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other	Eyes <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other Attitude <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cooperative	Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have any physical defects? <input type="checkbox"/> <input type="checkbox"/> Do you have any physical disabilities? <input type="checkbox"/> <input type="checkbox"/> Do you have any defects in your feet, legs, ankles, or hips? <input type="checkbox"/> <input type="checkbox"/> Do you wear glasses, contacts, or have any defects with your eyes? <input type="checkbox"/> <input type="checkbox"/> Are you sick or injured? <input type="checkbox"/> <input type="checkbox"/> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input type="checkbox"/> Are you taking any medication or drugs? _____ How far did you go in school? (last year completed)

Afloat Test Battery

1. Recite the alphabet without singing. 2. Do you understand? 3. Begin the test.	Alphabet Test	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Sang <input type="checkbox"/> Letter missed <input type="checkbox"/> Letter repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

1. Count backwards from 25 to 1. 2. Do you understand? 3. Begin the test.	Backwards Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Numbers missed <input type="checkbox"/> Numbers repeated <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		

1. Extend your hand like this. (Demo). 2. Do not start until told. 3. Touch each of your fingers with the tip of your thumb. Start with your index finger, like this: (DEMO) 4. While doing this, count 1, 2, 3, 4, count back 4, 3, 2, 1. (DEMO) 5. Speed up as you go, and do not stop until told. 6. Do you understand? 7. Begin the test. (OBSERVE 4 SETS) Stop.	Finger Count	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Miscalculation <input type="checkbox"/> Sliding of fingers <input type="checkbox"/> Did not speed up <input type="checkbox"/> Improper finger touch <input type="checkbox"/> Improper finger count <input type="checkbox"/> Refused test
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1. Place your hands palm to palm like this. (DEMO) 2. Do not start until told. 3. When I tell you to begin, turn the top hand over and count 1,2,1,2 like this. (DEMO) 4. Speed up as you go, and do not stop until told. 5. Do you understand? 6. Begin the test. (OBSERVE 5 SETS) Stop	Palm Pat	<input type="checkbox"/> Completed satisfactorily <input type="checkbox"/> Did not speed up <input type="checkbox"/> Unable to complete <input type="checkbox"/> Sliding of hand <input type="checkbox"/> Improper count <input type="checkbox"/> Hesitation <input type="checkbox"/> Refused test
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Comments:



BUI Detection (Phases I, II, and III)

Finger to Nose	
1. Place your hands down to your sides, extend your index fingers out.	<input type="checkbox"/> Completed satisfactorily
2. On my command, touch the tip of your nose with the tip of your index finger and return it to your side, like this. (DEMO)	<input type="checkbox"/> Missed nose
3. Do you understand?	<input type="checkbox"/> Searching pattern
4. Tilt your head back slightly, and close your eyes. Keep your eyes closed during the test.	<input type="checkbox"/> Opened eyes
5. Do you understand?	<input type="checkbox"/> Not using proper finger
6. Begin the test: Right, left, right, left, left, left, right	<input type="checkbox"/> Hesitation
7. Open your eyes.	<input type="checkbox"/> Refused test

Horizontal Gaze Nystagmus	Test Procedure
Instructions to subject: 1. Remove glasses, if worn. 2. Are you wearing contact lenses? Y N 3. Keep your head still. 4. Focus on this _____, and follow it with your eyes only. 5. Do you understand?	1. Position stimulus 12" - 15" from subject's nose. 2. Begin with subjects left eye. 3. Check for equal tracking and equal pupil size. 4. Check for Lack of Smooth Pursuit. 5. Check for Distinct Nystagmus at Maximum Deviation. 6. Check for Onset of Nystagmus Prior to 45 Degrees. 7. Record results.

Lack of Smooth Pursuit <input type="checkbox"/> Left <input type="checkbox"/> Right	Distinct Nystagmus at Max Deviation <input type="checkbox"/> Left <input type="checkbox"/> Right	Onset Prior to 45 Degrees <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Refused Test
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Ashore Test Battery Have subj off vsl for 15 mins. Time Ashore: _____ Time started: _____

Walk & Turn	During Instructions
1. Place left foot on the line, then right foot in front on the line in a heel-to-toe stance, like this: (DEMONSTRATE) 2. Place your arms down to your sides. 3. Remain in this position and do not start walking until told. 4. Do you understand? (DEMONSTRATE steps 5 - 7 as you describe each one, walking perpendicular to the line.) 5. When told, take nine heel-to-toe steps up the line like this: 6. Turn around keeping your front foot on the line using small steps like this: 7. Return back down the line with nine heel-to-toe steps, like this: 8. While walking, watch your feet at all times. 9. Keep your arms at your sides. 10. Count your steps out loud. 11. Don't stop walking until you have completed the test. 12. Do you understand? 13. Begin the test.	<input type="checkbox"/> Cannot keep balance <input type="checkbox"/> Starts too soon During Test <input type="checkbox"/> Stops walking <input type="checkbox"/> Misses heel-to-toe (>1/2" gap) <input type="checkbox"/> Steps off line <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Improper Turn (Describe in comments block below) <input type="checkbox"/> Steps actually taken _____ <input type="checkbox"/> Cannot complete safely (8 clues) <input type="checkbox"/> Refused Test

One Leg Stand	Observe for 30 seconds
1. Stand with your feet together. 2. Keep your arms at your sides. 3. Remain in this position and do not raise your leg until told. 4. Do you understand? 5. Raise one leg, either leg, approx. 6 inches off the ground, with your foot pointed out, like this: (DEMONSTRATE) 6. Keep both legs straight. 7. Keep your eyes on the elevated foot. 8. While holding that position, count out loud like this: one-thousand-one, one-thousand-two, and so on, and do not stop until told. 9. Do you understand? 10. Begin the test.	<input type="checkbox"/> Swaying <input type="checkbox"/> Uses arms to balance (> 6" fm side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot complete safely (4 clues) <input type="checkbox"/> Refused Test

Chemical Test

Time:	Device Serial#:	Last calibration date:	Test Results: % BAC	<input type="checkbox"/> Refused Test
Signature of BO:		BWI Cert Date:	Signature of Witness:	

Comments:



**Additional
Resources**

No additional resources are provided at this time.



Notes



Notes

