



Breath-testing log

Complete this log and send to us with evidence of your practice or training hours within 7 days of the end of each calendar month, or as required by us. The evidence must be signed and verified by an employer or accreditor.

Your supervisor must fill in the date, time, location and result of each breath-test, then sign and write their name. You must sign each entry.

Participant name

Breath log for Month 20____

Date	Time	Location	Result 1	Result 2 (if required)	Name of supervisor	Signature of supervisor	Participant signature

Participant name

Breath log for

Month

20__

Date	Time	Location	Result 1	Result 2 (if required)	Name of supervisor	Signature of supervisor	Participant signature