

## BREATH ANALYSER EXAMINATION FOR ALCOHOL

Place : **BHAVNAGAR**

Ser. No. **BHU-**

Date : \_\_\_\_\_

Name of the Medical Personnel : \_\_\_\_\_

**NOTE :** In case of Personnel is tested Positive in screening test, a separate form is required to be filled up as in Appendix "I" by the Docotr and countersigned by the witness.

[illegible]