SECTION 5 16TH SEPTEMBER 2019 Appendix III

BREATH ANALYSER EXAMINATION FOR ALCOHOL

Ser. No. BHU-	
Date :	

Place : BHAVNAGAR	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.

S.	Name (in CAPITAL LETTERS) of	Emp	Job	Time of	I hereby	ВА	Time of	Equipment Serial	Signature of	Remarks
No.	Personnel undergoing BA Test	No.	Function	Reporting	report for the	Reading	ВА	Number	Medical Officer	
					duty.	(in %)	Test			
					Signature of					
					personnel					
					undergoing					
					BA Test					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										