Screening Test Technician (STT) Proficiency Demonstration Record

Student Name:		Date:	Date:	
	Print Neatly			
Trainer Name:		Location:	Location:	
Device N	Jame:			
as requi	ner should verify that the student has complored by the Department of Transportation (DC Model Course, before completing the Profic	OT) rules found in 49 CFR	Part 40 and the	
	ner must ensure that the STT student comple sts on the specific Alcohol Screening Device (·	•	
Note: The student should also practice with controls or external calibration checks on the				
	f applicable.			
Mock	Type of Test	Student Initials	Instructor	
Test #			Initials	
1	Uneventful Screening Test			
2	Uneventful Screening Test			
3	Positive Screening Test			
4	Uncompleted test (inadequate saliva x 2)			
5	Obstacle scenario			
doing so accorda	and Instructor are to initial above after each , both the student and instructor attest that nce with the DOT rules and procedures as red lel Course requirements.	the mock tests were con	npleted in	
STT Student Signature Attesting Completion		Date		
Instructor Signature Attesting Completion		Date		