

Florida Department of Law Enforcement

Alcohol Testing Program

BLOOD ALCOHOL PROFICIENCY ANALYTICAL RESULTS FORM

Proficiency Cycle: _____ Date of Analysis: _____

Vial #: _____

Vial #: _____

Result #1: 0. | | | (g/100mL)

Result #1: 0. | | | (g/100mL)

Result #2: 0. | | | (g/100mL)

Result #2: 0. | | | (g/100mL)

Vial #: _____

Vial #: _____

Vial #: _____

Result #1: 0. | | | (g/100mL)

Result #1: 0. | | | (g/100mL)

Result #1: 0. | | | (g/100mL)

Result #2: 0. | | | (g/100mL)

Result #2: 0. | | | (g/100mL)

Result #2: 0. | | | (g/100mL)

**FAX AND/OR MAIL ORIGINAL using the enclosed mailing label.
RESULTS MUST BE RECEIVED BY ATP ON OR BEFORE MIDNIGHT _____.**

**I certify that I have personally performed these blood alcohol analyses using the procedures currently
filed with the Alcohol Testing Program.**

(Printed or typed name)

(Signature)

(Date)