

# CLEVELAND DIVISION OF POLICE OVI FIELD NOTES

|                                                                                                                                                                                                            |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| INCIDENT NUMBER: _____ DATE: _____ TIME: _____<br>LOCATION: _____<br>OFFENDER'S NAME: _____ BIRTH DATE: _____<br>DRIVER'S LICENSE / ID NUMBER: _____ STATE: _____<br>OFFICER ADMINISTERING S.F.S.T.: _____ | <b>VEHICLE</b><br>MAKE: _____<br>MODEL: _____<br>VIN: _____<br>PLATE: _____ STATE: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                                 |                                            |                                           |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|--------------------------------------|
| <b>REASON FOR CONTACT</b>                                                                                                                                                       | <input type="checkbox"/> TRAFFIC VIOLATION | <input type="checkbox"/> TRAFFIC ACCIDENT | <input type="checkbox"/> CHECK POINT |
| <b>CHECK THE OBSERVED PRIMARY TRAFFIC VIOLATION OR VIOLATION FROM A TRAFFIC ACCIDENT</b>                                                                                        |                                            |                                           |                                      |
| <input type="checkbox"/> WEAVING <input type="checkbox"/> SPEEDING <input type="checkbox"/> IMPEDING THE FLOW OF TRAFFIC <input type="checkbox"/> FAILURE TO YIELD AT LEFT TURN |                                            |                                           |                                      |
| <input type="checkbox"/> OPERATING ON WRONG SIDE OF ROAD <input type="checkbox"/> FAILURE TO CONTROL <input type="checkbox"/> HEADLIGHTS REQUIRED                               |                                            |                                           |                                      |
| <input type="checkbox"/> RED LIGHT VIOLATION <input type="checkbox"/> STOP SIGN VIOLATION <input type="checkbox"/> OTHER: _____                                                 |                                            |                                           |                                      |

|                                                                                                                                                                                                            |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OBSERVATIONS:</b> <input type="checkbox"/> BLOODSHOT EYES <input type="checkbox"/> SLURRED SPEECH <input type="checkbox"/> TALKATIVE <input type="checkbox"/> SLEEPY <input type="checkbox"/> INSULTING | <b>ODOR OF AN ALCOHOLIC BEVERAGE OR DRUGS:</b> <input type="checkbox"/> STRONG <input type="checkbox"/> MODERATE <input type="checkbox"/> FAINT <input type="checkbox"/> NONE |
| <b>OTHER OBSERVATIONS:</b> _____                                                                                                                                                                           |                                                                                                                                                                               |

## HORIZONTAL GAZE NYSTAGMUS

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PUPIL SIZE:</b><br><input type="checkbox"/> UNEQUAL <input type="checkbox"/> EQUAL<br><br><b>RESTING NYSTAGMUS:</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><b>TRACKING:</b><br><input type="checkbox"/> UNEQUAL <input type="checkbox"/> EQUAL | <b>LACK OF SMOOTH PURSUIT</b><br><input type="checkbox"/> LEFT EYE <input type="checkbox"/> RIGHT EYE<br><br><b>DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION</b><br><input type="checkbox"/> LEFT EYE <input type="checkbox"/> RIGHT EYE<br><br><b>ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES</b><br><input type="checkbox"/> LEFT EYE <input type="checkbox"/> RIGHT EYE | <b>VERTICAL GAZE NYSTAGMUS</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><b>EYES</b><br><input type="checkbox"/> NORMAL<br><input type="checkbox"/> BLOODSHOT<br><input type="checkbox"/> WATERY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## WALK AND TURN

## ON LEG STAND

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INSTRUCTION STAGE</b><br><input type="checkbox"/> COULD NOT KEEP BALANCE<br><input type="checkbox"/> STARTS TOO SOON<br><b>WALKING STAGE</b><br><input type="checkbox"/> STOPS WHILE WALKING<br><input type="checkbox"/> MISSES HEEL TO TOE<br><input type="checkbox"/> STEPS OFF LINE<br><input type="checkbox"/> USES ARMS TO BALANCE<br><input type="checkbox"/> IMPROPER TURN<br><input type="checkbox"/> WRONG NUMBER OF STEPS<br><br><input type="checkbox"/> COULD NOT PERFORM TEST | <b>WHICH LEG RAISED</b> <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br><br><input type="checkbox"/> PUTS FOOT DOWN<br><input type="checkbox"/> USES ARMS TO BALANCE<br><input type="checkbox"/> SWAYS WHILE BALANCING<br><input type="checkbox"/> HOPPING<br><br><input type="checkbox"/> COULD NOT PERFORM TEST<br><br><b>OFFENDER REFUSED TO PERFORM THE FOLLOWING</b><br><input type="checkbox"/> H.G.N. <input type="checkbox"/> WALK AND TURN <input type="checkbox"/> ONE LEG STAND |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                          |
|------------------------------------------|
| <b>NOTES:</b><br>_____<br>_____<br>_____ |
|------------------------------------------|

|                            |                |                     |
|----------------------------|----------------|---------------------|
| ARRESTING OFFICER(S) _____ | ZONE CAR _____ | DISTRICT/UNIT _____ |
| ASSISTING OFFICER(S) _____ | ZONE CAR _____ | DISTRICT/UNIT _____ |



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /  
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

|                                                 |                   |                                                                                 |  |                     |          |
|-------------------------------------------------|-------------------|---------------------------------------------------------------------------------|--|---------------------|----------|
| A. NAME                                         |                   | DRIVER LICENSE #                                                                |  | CLASS               | STATE    |
| CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) |                   |                                                                                 |  |                     |          |
| CITY                                            |                   | OHIO COUNTY OF RESIDENCE                                                        |  | STATE               | ZIP CODE |
| DATE OF BIRTH                                   | SOCIAL SECURITY # | 4 DIGIT COURT CODE                                                              |  | COUNTY OF VIOLATION |          |
| DATE OF VIOLATION                               |                   | TIME OF VIOLATION <input type="checkbox"/> AM <input type="checkbox"/> PM       |  | PLACE OF TEST       |          |
| DATE OF REFUSAL OR TEST                         |                   | TIME OF REFUSAL OR TEST <input type="checkbox"/> AM <input type="checkbox"/> PM |  | YEAR                | MAKE     |
| VEHICLE OWNER'S NAME                            |                   | DATE OF BIRTH                                                                   |  | STREET ADDRESS      |          |
| CITY                                            |                   | STATE                                                                           |  | ZIP CODE            |          |
| VEHICLE STORED AT (STREET ADDRESS)              |                   |                                                                                 |  | CITY                |          |

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver:

- ☐ Refused to submit to test (s).  
☐ Submitted to test (s). 0. % alcohol test result  
☐ Circle test type for which results were reported:  
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma  
☐ Was placed under an Administrative License Suspension (R.C. 4511.191)  
☐ License was seized  
☐ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI / Physical Control arrest before test were:

- ☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.  
☐ Specify controlled substance and / or metabolite results:  
☐ Subject tested positive for prohibited level of marijuana metabolite (specify amount) and was under the influence of alcohol and / or a drug of abuse.  
☐ Alcohol, controlled substance or metabolite test result received on . Subject served with notice of Administrative License Suspension on .  
☐ Reasonable means officer used to ensure offender submitted to a chemical test were:

C. Officer to Complete Applicable Vehicle Sanctions:

- ☐ License plate(s) seized  
☐ Vehicle seized under R.C. 4511.195 (OVI)

- ☐ Vehicle seized under R.C. 4510.41 only (DUS or wrongful entrustment of a motor vehicle) If so, Do not mail this form to the BMV  
☐ Vehicle subject to immobilization  
☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender is the holder of a commercial driver license or was Operating a Commercial Vehicle:

- ☐ Read and showed advice to offender (R.C. 4506.17)  
☐ Refused to submit to test(s)  
☐ Submitted to test(s) 0. % alcohol test result  
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma  
☐ Prohibited Alcohol Content without OVI charge

- ☐ Prohibited Alcohol Content with OVI charge  
☐ Commercial vehicle per definition (R.C. 4506.01(E))  
☐ 24-hour out-of-service order  
☐ CDL to be disqualified  
☐ CDL seized  
☐ Hazardous material  
☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

X DRIVER'S SIGNATURE ☐ REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X  
ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OHIO

N.C.I.C. #

OFFICER'S BUSINESS STREET ADDRESS

X  
WITNESS'S SIGNATURE

CITY

STATE

ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and / or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X  
ARRESTING OFFICER SIGNATURE

X  
PEACE OFFICER SIGNATURE

Sworn to before me this day of 20

X  
NOTARY PUBLIC'S SIGNATURE

X  
DEPUTY CLERK OF COURT'S SIGNATURE

City of

#### CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for (specifically state the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested) operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence. "If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a commercial driver license and refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

"If you have a prior conviction of OVI, OVUAC, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

"If you have previously pled guilty or been convicted of two or more OVI'S, OVUAC's, or equivalent offenses in the previous ten years, or pled guilty or been convicted of five or more OVI'S, OVUAC's, or equivalent offenses in the previous twenty years, or pled guilty or been convicted of a felony of any of the above violations, and you refuse to submit to a chemical test required by law, I am authorized to use whatever reasonable means are necessary to ensure that you submit to a chemical test."

(Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated."

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

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#### CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

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#### ADDITIONAL INFORMATION FOR OFFENDER

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##### IMMOBILIZATION OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI, (R.C. 4511.19), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

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##### OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

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##### IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

- A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:  
Ohio Bureau of Motor Vehicles  
Attn.: CDL / OSP  
P.O. Box 16784  
Columbus, Ohio 43216-6784
- B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

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##### NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

#### LENGTH OF SUSPENSION

##### FOR REFUSAL

(Based on prior refusals, convictions, and guilty pleas within 10 years)

No priors ..... 1 year  
One prior ..... 2 years  
Two priors ..... 3 years  
Three or more priors ..... 5 years

##### FOR PROHIBITED CONCENTRATION OF ALCOHOL

(Based on prior convictions and guilty pleas within 10 years)

No priors ..... 90 days  
One prior ..... 1 year  
Two priors ..... 2 years  
Three priors ..... 3 years



Ohio Peace Officer Training Commission  
Office 800-346-7682

## NHTSA STANDARDIZED FIELD SOBRIETY TESTING (SFST) PROFICIENCY TESTING RECORD

Curriculum Code BAS-042

STUDENT NAME: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_ SCHOOL NUMBER: \_\_\_\_\_

|     |                                                                                                                                                                                                                        | Enter P or F Only |         |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| SPO | ACTION                                                                                                                                                                                                                 | TEST #1           | TEST #2 |
| #1  | <b>COMPLETE THE NHTSA STANDARDIZED FIELD SOBRIETY TESTING (SFST) TRAINING</b>                                                                                                                                          |                   |         |
|     | Earn at least an 80% on the NHTSA Post test                                                                                                                                                                            |                   |         |
|     | Administer the complete test battery, in an instructor's presence, without deleting or erroneously performing any of the critical administrative elements of the tests                                                 |                   |         |
|     | <b>DEMONSTRATE ADMINISTRATION OF THE HORIZONTAL GAZE NYSTAGMUS SFST ON A TESTING SUBJECT</b>                                                                                                                           |                   |         |
|     | Have subject remove glasses, if worn                                                                                                                                                                                   |                   |         |
|     | Stimulus held in proper position (approximately 12"-15" from nose, just above eye level)                                                                                                                               |                   |         |
|     | Check for equal pupil size and look for resting nystagmus                                                                                                                                                              |                   |         |
|     | Check for equal tracking                                                                                                                                                                                               |                   |         |
|     | Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across subject's face to maximum deviation in right eye, then back to center. Check left eye, then right eye. Repeat |                   |         |
|     | Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Check left eye, then right eye. Repeat                                                                                                    |                   |         |
|     | Eye moved slowly (approximately 4 seconds) from center to a 45° angle. Check left eye, then right eye. Repeat                                                                                                          |                   |         |
|     | Check for Vertical Gaze Nystagmus. Repeat                                                                                                                                                                              |                   |         |
|     | <b>DEMONSTRATE ADMINISTRATION OF THE WALK AND TURN SFST ON A TESTING SUBJECT</b>                                                                                                                                       |                   |         |
|     | Instructions given from a safe position                                                                                                                                                                                |                   |         |
|     | Tells subject to place feet on a line in heel-to-toe manner (left foot behind right foot) with arms at sides and gives demonstration                                                                                   |                   |         |
|     | Tells subject not to begin test until instructed to do so and asks if subject understands                                                                                                                              |                   |         |
|     | Tells subject to take 9 heel-to-toe steps on the line and demonstrates                                                                                                                                                 |                   |         |
|     | Explains and demonstrates turning procedure                                                                                                                                                                            |                   |         |
|     | Tells subject to return on the line taking 9 heel-to-toe steps                                                                                                                                                         |                   |         |
|     | Tells subject to count steps out loud                                                                                                                                                                                  |                   |         |
|     | Tells subject to look at feet while walking                                                                                                                                                                            |                   |         |
|     | Tells subject not to raise arms from sides                                                                                                                                                                             |                   |         |
|     | Tells subject not to stop once they begin                                                                                                                                                                              |                   |         |
|     | Asks subject if all instructions are understood                                                                                                                                                                        |                   |         |
|     | <b>DEMONSTRATE ADMINISTRATION OF THE ONE-LEG STAND SFST ON A TESTING SUBJECT</b>                                                                                                                                       |                   |         |
|     | Instructions given from a safe position                                                                                                                                                                                |                   |         |
|     | Tells subject to stand straight, place feet together, and hold arms at sides                                                                                                                                           |                   |         |
|     | Tells subject not to begin test until instructed to do so and asked if subject understands                                                                                                                             |                   |         |
|     | Tells subject to raise one leg, either leg, approximately 6 inches from the ground, keeping raised foot parallel to the ground, and gives demonstration                                                                |                   |         |
|     | Tells subject to keep both legs straight, arms at sides, and to look at elevated foot                                                                                                                                  |                   |         |
|     | Tells subject to count in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop, and gives demonstration                                                          |                   |         |
|     | Asks subject if all instructions are understood                                                                                                                                                                        |                   |         |
|     | Checks actual time subject holds leg up (Time for 30 seconds.)                                                                                                                                                         |                   |         |

INSTRUCTOR SIGNATURE \_\_\_\_\_ OPOTC #: \_\_\_\_\_ INSTRUCTOR SIGNATURE \_\_\_\_\_ OPOTC #: \_\_\_\_\_

INSTRUCTOR SIGNATURE \_\_\_\_\_ OPOTC #: \_\_\_\_\_ INSTRUCTOR SIGNATURE \_\_\_\_\_ OPOTC #: \_\_\_\_\_

COMMANDER/ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NO STAMPS / ORIGINAL SIGNATURES ONLY**