



**BREATHALYZER LOG**  
COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name \_\_\_\_\_ PACTS # \_\_\_\_\_ Month/Year \_\_\_\_\_

| Client's Signature/Initials | Collector's Initials | Reason Tested | Test Results | Refusal |
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| <b>Comments (please note any unusual occurrences):</b> |
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## SWEAT PATCH TESTING LOG

COMPLETE ONE FORM PER CLIENT PER MONTH  
COMPLETE THE FIRST FIVE COLUMNS UPON APPLICATION, AND THE LAST FOUR UPON REMOVAL

**Client Name** \_\_\_\_\_ **PACTS #** \_\_\_\_\_ **Month/Year** \_\_\_\_\_

| Application Date | Client's Signature/Initials | Chain of Custody Bar Code Number | Medications Taken | Collector's Initials | Removal Date | Client's Initials | Collector's Initials | Test Results/Date | Co-Pay Collected |
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| <b>Comments (please note any unusual occurrences):</b> |
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