### BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

# INSTRUCTIONS FOR LAW ENFORCMENT OFFICER FOR USE OF BLOOD ALCOHOL/DRUG SPECIMEN COLLECTION KIT

- STEP 1 If kit was not sealed when first opened, discard entire kit and obtain another kit. If kit has expired, kit should be discarded and another kit obtained (hospital can use appropriate substitute items, preferably gray stopper vials).
- The officer should first fill out information requested on the **BLOOD TEST OFFICER'S AFFIDAVIT** form. It is provided with this kit and must be submitted with the kit.
- **STEP 3** The officer must witness blood withdrawal.
- Open the styrofoam blood tube holder and allow a qualified blood collector to collect blood specimens from the arrestee.

#### INSTRUCTIONS FOR QUALIFIED BLOOD COLLECTOR

- Using only the items provided in this kit or appropriate substituted items, withdraw blood specimens allowing all three (3) blood tubes to fill. To assure proper blood mixing with anti-coagulant/preservative powder, invert the tubes after collection. After collection, discard used needle, needle holder, and alcohol free prep pads.
- STEP 6 The blood collector must sign the BLOOD TEST OFFICER'S AFFIDAVIT form.
- The officer is to complete the information requested on the three (3) blood specimen tubes seals and one (1) internal kit seal. All specimen seals must be completed.
- Using the three (3) blood specimen seals, wrap one (1) seal lengthwise over the top of each of the three (3) tubes.
- Return the three (3) sealed tubes to the styrofoam holder. Ensure that the tubes are properly positioned to prevent breakage.
- STEP 10 Close the styrofoam holder and seal with the internal kit seal. Overlap the seal on the top of the styrofoam holder so that the information completed on the seal is positioned on top of the styrofoam holder.
- **STEP 11** The officer is to complete the information requested on the label on the top of the styrofoam holder.
- Place the sealed styrofoam holder in the re-sealable plastic bag, and close the end of the bag. <u>Do not remove the liquid absorbing cotton pad from the re-sealable plastic bag.</u>
- STEP 13 Return sealed styrofoam holder to mailing container. Do not seal the kit mailing box at this time.
- Affix enclosed biohazard label where indicated on top of the kit mailing box, then return the two remaining kit seals to mailer box; <u>do not use these at this time.</u>
- STEP 15 Complete the remainder of the **BLOOD TEST OFFICER'S AFFIDAVIT** form and follow the directions at the bottom for distribution of form. Place the original in the mailing box. Close the mailing box and affix the two remaining seals on the mailing box and mail or deliver to the OSBI laboratory.

			BLO	OOD TE	ST O	FFICER'	S AFFI	DAVIT	-		Section 1
UNDER 21	YES	NO	CO#	CITY#	CITATIO	ON NUMBER					
DATE OF INCIDENT	TIME OF INCIDENT (MILITARY)			INCIDENT LO	LOCATION			CITY COUNTY			
NAME OF SUBJECT (LA				DOB (MO/DAY/Y	R)	HEIGHT	WEIGHT	RACE	SEX		
ADDRESS OF SUBJECT				CITY			STATE	ZIP CODE			
DL NUMBER	EXP. (MO/	VP)	STATE CLASS	RESTRICTIONS E	NDORSEMEN	ITS CMV/CDL	HAZ MAT	VEHICLE MA	AKE VEHICLE	MODEL TAG	#
DL NOWBER	EXP. (MO/	YK)	STATE CLASS	RESTRICTIONS	NDORSEIVIEN	Y N	PLACARDED Y N	VEHICLE IVI	ARE VEHICLE I	VIODEL TAG	#
For Implied Consent control of a motor ve	hicle upon a	public road	l, highway, street, tu	npike, public parki	ng lot, or ot	her public place or	upon a private r	oad, street, alle		-	
single or multi-family  Describe driving beha	_		ate while under the in	iriuence of alconol	and/or othe	er intoxicating subs	tances as pronib	ted by law.			
Describe person's cor	ndition (odo	r, actions, et	c.):								
THE DEDGOM M	/AC INIE	NORMED (	NE THE IMADULE	CONCENT	ECT DEO	LIECT2					
THE PERSON W				CONSENT	EST REQ	(UEST?	⊔ <b>Y</b>	<b>ES</b> L	」 NO		
☐ I HAVE AUI	HORIZED	RLOOD (	WITHDRAWAL.	SIGNATUR	E				DATE		
OTHER WITNESSES	S:										Section 2
A. Name:			Title:			Address:			Phone:		
B. Name:			Title:			Address:			Phone:		
STATE'S TEST	•		IMPLIED CONSEN 0-1-3	· =		L TEST (ARRESTE AL PROSECUTIO		FATA	LITY AT BODILY INJU	RY	Section 3
COLLECTION DATE	TIME (MII	ITARY)	BLOOD KIT NUN	ABER (6 digits)		#VIALS COLLE	CTED PLACE	OF COLLECTION	N (HOSPITAL NAM	IF)	Section 4
00111011011011	2 (			is a representation of the second			0.23	0. 0011101101	(1.001.11.12.17.11.1	,	
SIGNATURE AND TITL	E (e.g. R/N)	OF PERSON	WITHDRAWING BLO	DD	•	PRINT NAME	AND TITLE				
COUNTY OF OFFENSE						DELIVERED OR MAILED BY					
WITNESSED BY OFFIC	FR					PRINT NAME	AND TITLE				BADGE#
WITHESSED BY OTTIC						T KINY TO WILL	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BADGE II
NOTE: DO NOT S									notice of revoc	ation to the r	Section 5
				<u> </u>						<u> </u>	Section 6
In accordance w	ith Title	12 O.S. Se	ection 426. "I st	ate under <b>pen</b>	alty of pe	<b>erjury</b> under t	he laws of Ol	klahoma th	at the forego	ing is true ar	nd correct."
Data	Place	- /l+:	la a a ai a a a al \	Ciamatum.	f 1 I		vtt:*	Print Nan			
Date	Place	e (locatio	n when signed)	Signature	e oi Law i	Enforcement C	ilicer ·	Print Nan	ne		
Agency (list troo	p if appli	cable)		Address			Zij	)	Agency/	Troop Phone	Number
*Upon submiss				-			_			signature:	
I am aware of a						tice to Custo	mers (OSBI	CSD QMA :	1.1).		
THIS FORM DO				-	_	d distribute a	s follows:				
DIATE IN THE		-	y to the persor		d was wi	thdrawn.					
OF FORM:			<u>nal in the bloo</u> y to the Prosed								
	4. Keep one copy for your records.							L	AB USE ON	LY	

BA1OK:BTOA1.4 11/19 11/22/2019

#### NOTICE OF REVOCATION

Under state law, the Department of Public Safety is required to revoke or deny your driver's license and privilege to operate a motor vehicle in this state based on:

- A. 1. Whether you refused the state's test, OR
  - 2. If under the age of 21, whether your test results show an alcohol concentration of 0.02 g/210L or more, OR;
  - 3. If under 21 years of age or older, whether your test results show an alcohol concentration of 0.08 g/210L or more.
- B. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the revocation.
- C. The length of revocation is extended if, within the past ten (10) years from the date of this arrest, your driving record shows one or more revocations for the use of intoxicants or under the Implied Consent law.

Accordingly, notice is given that your driver's license is revoked or denied for a period of:

- 1. One hundred eighty (180) days, if you refused or failed the state's test, OR;
- 2. One (1) to three (3) years if you have one or more prior revocations stemming from the uses of intoxicants, test failures or refusals to test.

#### NOTICE OF DISQUALIFICATION OF COMMERCIAL DRIVING PRIVILEGE

In addition to any revocation required by law, your commercial driving privilege in this state may be disqualified based upon:

- A. Your refusal to submit to a test(s) OR;
- B. A test result of 0.04 g/210L or more while operating a commercial motor vehicle.

#### THE LENGTH OF DISQUALIFICATION WILL BE:

- 1. One (1) year if you have had no prior disqualifications for similar cause, OR;
- 2. Three (3) years if the vehicle being operated was placarded for hazardous materials and you have no prior disqualifications for similar cause, OR;
- 3. Lifetime if you have any previous disqualifications for similar cause. When blood is withdrawn and your alcohol concentration exceeds the legal limit, you will receive a notice mailed to the address on file with the Department of Public Safety informing you of the commencement date of the DISQUALIFICATION.

#### **RIGHT TO APPEAL**

If you wish to appeal the driver's license revocation/disqualification, you may appeal Departmental action against your driving privilege as a result of this arrest by filing a petition in the district court of the county in which you were arrested. Your petition must be filed within forty (40) days of the date notice is mailed by the Department.

## CONFIRMING LENGTH OF REVOCATION/DISQUALIFICATION AND STATUTORY REQUIREMENTS FOR REINSTATEMENT OF DRIVING PRIVILEGES

Since the length of the driver's license revocation/disqualification period is extended by the existence of a prior record on file (if any), the Department of Public Safety will automatically check your record and confirm the length of revocation/disqualification to you by mail at your last known address on file. You will also receive information regarding statutory requirements for reinstatement. WARNING: THIS WILL NOT EXTEND THE EFFECTIVE DATE OF THE REVOCATION/DISQUALIFICATION, NOR EXTEND THE TIME FOR YOU TO APPEAL THE DEPARTMENT'S ACTION.

#### **BLOOD SPECIMEN TEST RESULTS**

The state's blood specimen will be submitted to an approved laboratory for analysis. The test results will be forwarded to the Department of Public Safety. Your driving privileges will not be affected unless you are given separate written notice, as provided by law. State law required you to notify the Department within ten (10) days of any change of address.

#### **INDEPENDENT TESTING**

State law requires the retention of blood specimens. Your specimen will be retained for **sixty (60)** days from the date of collection. During this period, you may request to have your specimen submitted to an approved laboratory for an independent test at your expense. Contact the OSBI Forensic Science Center at 405-330-6724 to request that your specimen be forwarded to an approved laboratory.

#### APPLICATION FOR RENEWAL OR DUPLICATE LICENSE UNLAWFUL

It is unlawful to apply for a renewal or duplicate driver's license if your license is in the custody of a law enforcement officer of the Department of Public Safety, punishable by imprisonment for not less than seven (7) days, nor more than six (6) months or by a fine of not more than five hundred dollars (\$500.00), or by both such fine and imprisonment. (47 O.S. SECTION 6-303, PARAGRAPH D).

BA10K:BTOA2.4 11/19