

# EVIDENTIAL BREATH TESTING DEVICE (EBT) CALIBRATION LOG BOOK

\_\_\_\_\_ *Testing Device Name*

\_\_\_\_\_ *Testing Device Serial Number*

*as prescribed by  
Department of Transportation  
49 CFR Part 40*

*Procedures for Transportation Workplace  
Drug and Alcohol Testing Programs*

*Company Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Contact:* \_\_\_\_\_ *Telephone No.:* \_\_\_\_\_

*Log Book No.:* \_\_\_\_\_

*From:* \_\_\_\_\_  
*Month Year*

*To:* \_\_\_\_\_  
*Month Year*

**RETAIN THIS LOG BOOK FOR FIVE YEARS**

# INSTRUCTIONS

**Front Cover.** Complete the spaces provided on the front cover to identify each Evidential Breath Testing Device (EBT) Calibration Log Book by the Testing Device Name and the Testing Device Serial Number.

Use the entry lines available to include the Company Name, Address, Contact Person, and Telephone Number.

Consecutively number each Log Book for an individual EBT. Fill in the Month and Year to identify the length of time this Log Book is used. According to §40.333(a)(3) records of the inspection, maintenance, and calibration of EBTs must be kept for two years, and according to §382.401(b)(1)(v) calibration documentation shall be maintained for a minimum of five years. The consecutively numbered Log Books help maintain the chronological sequence if multiple Log Books are needed for an individual EBT.

**Log Book Pages.** The following pages are consecutively numbered. Complete the Instrument Serial Number in the upper corner of each page to verify that the EBT in use corresponds with the proper Calibration Log Book.

Complete the line entries for each test administered.

- Test Number
- Test Date/Time
- Type of Activity
- Breath Alcohol Technician
- Location
- Standard Identification
- Expected Value
- Result Obtained

Review the Regulations on the inside back cover as they pertain to the use of the Calibration Log Book in order to be in compliance with the U.S. Department of Transportation Breath Alcohol Testing Regulations.

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME		*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	OBTAINED	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME	*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	RESULT OBTAINED		
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

SAMPLE

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME		*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	OBTAINED	
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
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67									
68									
69									
70									
71									
72									
73									
74									
75									

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME	*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	RESULT OBTAINED		
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
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92									
93									
94									
95									
96									
97									
98									
99									
100									

SAMPLE

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME		*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	OBTAINED	
101									
102									
103									
104									
105									
106									
107									
108									
109									
110									
111									
112									
113									
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120									
121									
122									
123									
124									
125									

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME	*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	RESULT OBTAINED		
126									
127									
128									
129									
130									
131									
132									
133									
134									
135									
136									
137									
138									
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140									
141									
142									
143									
144									
145									
146									
147									
148									
149									
150									

SAMPLE

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value



Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME		*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	OBTAINED	
151									
152									
153									
154									
155									
156									
157									
158									
159									
160									
161									
162									
163									
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168									
169									
170									
171									
172									
173									
174									
175									

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

Instrument Serial Number: _____								**	RESULT
TEST NO.	TEST DATE/TIME		*TYPE OF ACTIVITY	BREATH ALCOHOL TECHNICIAN	LOCATION	STD. I.D.	EXP. VAL.	OBTAINED	
176									
177									
178									
179									
180									
181									
182									
183									
184									
185									
186									
187									
188									
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192									
193									
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197									
198									
199									
200									

SAMPLE

\* Type of Activity - (cc) Calibration Check or (cal) Calibration  
 \*\* Expected Value

**U.S. DEPARTMENT OF TRANSPORTATION**  
**REGULATIONS FOR USE OF A LOG BOOK BREATH ALCOHOL TESTING**

**§40.233 What are the requirements for proper use and care of EBTs?**

(c) As the user of the EBT (e.g., employer, service agent), you must do the following:

(c)(1) You must follow the manufacturer's instructions (see paragraph (b) of this section), including performance of external calibration checks at the intervals the instructions specify.

(c)(2) In conducting external calibration checks, you must use only calibration devices appearing on NHTSA's CPL for "Calibrating Units for Breath Alcohol Tests."

(c)(3) If an EBT fails an external check of calibration, you must take the EBT out of service. You may not use the EBT again for DOT alcohol testing until it is repaired and passes an external calibration check.

(c)(4) You must maintain records of the inspection, maintenance, and calibration of EBTs as provided in §40.333(a)(2).

(c)(5) You must ensure that inspection, maintenance, and calibration of the EBT are performed by its manufacturer or a maintenance representative certified either by the manufacturer or by a state health agency or other appropriate state agency.

**§40.235 What are the requirements for proper use and care of ASDs?**

(e) As an employer, with respect to breath ASDs, you must also follow the device use and care requirements of §40.233.

**§40.333 What records must employers keep?**

(a)(3) You must keep records of the inspection, maintenance, and calibration of EBTs, for two years.

**§382.401 Retention of records.**

(b)(1) *Five years.* The following records shall be maintained for a minimum of five years:

(b)(1)(i) . . .

(b)(1)(ii) . . .

(b)(1)(iii) . . .

(b)(1)(iv) . . .

(b)(1)(v) Calibration documentation,

SAMPLE



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