DESIGNATION OF INSTRUMENT/DEVICE FOR SECONDARY TESTING FOR INTOXICATION

AGENCY: ____________________________________________

ADDRESS: __________________________________________

Makes the following designation of a secondary chemical test:

1. Type of Specimen to be Tested: ☐ Breath  ☐ Blood*  ☐ Urine

*If the blood test is designated as the secondary test, West Virginia law requires the arresting officer to designate in lieu of the blood test either the breath or urine test.

________________________  _________________________
Date  Chief Law Enforcement Officer and Title

The above designated instrument/device is hereby approved as meeting the requirement for designation according to rules relating to chemical tests for intoxication, 64CSR10, promulgated pursuant to West Virginia Code, Chapter 17C, Article 5, Section 8, by the Bureau for Public Health.

2. Name of Instrument/Device:

________________________  _________________________
Date  Signature of Chief Law Enforcement Official

________________________  _________________________
Date  Signature of Office of Laboratory Services Director

Mail Completed Form To:
Office of Laboratory Services
167 11th Avenue
South Charleston, WV 25303
(304) 558-3530  Ext. 2109