

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BREATH ALCOHOL PROGRAM**

Quarterly Report

Agency No. _____

Law Enforcement Agency: _____

Address: _____

For the _____ quarter of _____.

LIST NUMBER OF BREATH ALCOHOL TESTS PER OPERATOR							
Operator Name	# of tests	Operator Name	# of tests	Operator Name	# of tests	Operator Name	# of tests
TOTAL							

Indicate the number of tests within each range

BREATH ALCOHOL TESTS	
.000-.039	
.040-.079	
.080-.099	
.100-.149	
.150-.199	
.200-.299	
>.300	
Total Tests	

Every agency that receives certification for breath testing must complete quarterly reports.

PLEASE RETURN REPORT EVEN IF NO SUBJECTS WERE TESTED.

Please return to: Division of Health and Environmental Laboratories
Breath Alcohol Program
1000 SW Jackson Suite 130
Topeka, Kansas 66612

Agency Custodian or designee

Law Enforcement Agency _____

For the _____ Quarter of _____

Operator Name	Number of Subjects
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. _____	_____

Agency Custodian or designee