

8 AUGUST 2005



Medical

**BLOOD COLLECTION-LEGAL BLOOD
ALCOHOL TESTING**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 460 MDS/SGSC
(SMSgt Janet D. Clements)

Certified by: 460 MDS/CC (Col Danny Seanger)
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This instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*, and Air Force Instruction (AFI) 44-102, *Community Health Management*. The scope of this document is to identify and instruct personnel involved in the collection and securing of a legal blood alcohol test (BAT) on Buckley Air Force Base (AFB). This instruction pertains to all 460th Medical Squadron Laboratory Technicians (460 MDS/SGSC), 460th Medical Squadron Providers (460 MDS/SGOP), 460th Security Forces Squadron (460 SFS) personnel, 460th Civil Engineer Squadron Fire Department (460 CES/CEF) employees, 460th Space Wing Staff Judge Advocate (460 SW/JA) personnel and Rural Metro Ambulance Technicians. This instruction is new to the 460th Space Wing (460 SW). The references are the most current updates and clarify specific procedures for personnel who are involved in the collection of a legal blood alcohol specimen on Buckley AFB.

Maintain and dispose of records created as a result of prescribed processes in accordance with Air Force, Records Disposition Schedule (RDS) located in AF RIMS. Comply with Air Force Instruction (AFI) 33-332, *Privacy Act Program*, for documents containing: "Privacy Act Information." For "Official Use Only (FOUO)" information comply with Department of Defense Regulation (DoD) 5400.7-R/AFSUP, *DoD Freedom of Information Act Program*, **Chapter 4**.

1. Responsibilities.

1.1. **The 460th Medical Squadron Laboratory Technicians (460 MDS/SGSC).** Provide the supplies and training to individuals involved in the collection of a legal BAT. They also assure the integrity of the specimen and check the chain of custody paperwork before shipping the specimen to the 10 MDSS/SGSAL, United States Air Force Academy for analysis.

1.2. **The 460th Security Forces Squadron (460 SFS).** Escort the individual in question to the appropriate location to get the BAT drawn. The 460 SFS will also oversee the initial chain of custody process (i.e. paperwork) in order to make sure that the chain of custody is not broken. The 460 SFS

Commander will annually generate a letter designating an individual to be the point-of-contact for the legal blood alcohol-testing program.

1.3. **The Rural Metro Ambulance Technicians.** Rural Metro is responsible to arrive within 15 minutes of being called, draw the specimen according to the laboratory guidelines and sign the chain of custody paperwork.

2. Procedure. To instruct personnel in the proper procedures when using United States Air Force Academy (USAFA) Form O-772, **Request for Blood Alcohol Test, (Attachment 1)** when collecting blood alcohol specimens. Proper annotation on the paperwork is absolutely vital and the key to a valid legal blood alcohol sample. The collection, handling and transporting of the specimen are critical in maintaining the blood-alcohol sample's integrity. The sobriety examination is the evaluation of a person suspected of being under the influence of alcohol. The specific purpose is to obtain information that can be used as evidence for legal and/or investigative purposes in accordance with IAW AFI 44-102.

3. Legal Basis for Drawing Blood Alcohol Specimens. The 460 SFS member or squadron representative escorting the individual will indicate the condition under which the blood specimen is to be drawn. There are four legal basis for drawing a blood alcohol specimen, (i.e. consent, probable cause, commander-directed and incident to medical treatment).

3.1. **Consent.** An individual agrees to a blood alcohol test. Written consent is preferred, but not required. AF IMT 1364, **Consent for Search and Seizure, (Attachment 2)** can be used to document a written consent.

3.1.1. By operating a motor vehicle, drivers give implied consent to blood, breath, or urine testing. However, under the Fourth Amendment of the US Constitution, drivers may revoke this consent at any time. Blood will not be involuntarily extracted from a driver who refuses to provide, simply because they have given implied consent. Instead, 460 SFS will seek search authorization from a Military Magistrate in accordance with paragraph **3.2.** In the unlikely event that no Military Magistrate is available, 460 SFS must consult with 460 SW/JA. Drivers who revoke their implied consent shall lose their base driving privileges for 1 year, and their refusal may be admitted as evidence of driving under the influence.

3.2. **Probable Cause.** The installation commander or the designated Military Magistrate grants search authorization. Search authorization may be oral or written. Use AF IMT 1364, or AF IMT 1176, **Authority to Search and Seize, (Attachment 3)** depending on the circumstances. Always contact 460 SW/JA during duty hours or the on-call 460 SW/JA after hours regarding probable cause search authorization. The 460 MDS/SGSC may request a verbal or in person confirmation of the authority to search and seize if the AF IMT 1176 is not completed at the time of the authorization. Consideration should be given to the effect any delay will have on the evidentiary value of the sample.

3.3. **Commander-Directed.** The individual's squadron commander, or higher authority, orders the individual to give a blood sample with no probable cause. Law enforcement authorities and commanders should use this as a last resort only, as the results may not be available for use in actions under the Uniform Code of Military Justice to characterize a discharge or for other administrative actions.

3.4. **Incident to Medical Treatment.** An examining provider orders the specimen for medical reasons. Medical treatment will not be used as a pretext to justify drawing blood in the absence of con-

sent, probable cause, or commander's direction. The determination as to the need or desirability for honoring the request is within the discretion of the attending provider. The specimen could also be ordered as a medical BAT, if legal action is not required. Make an entry on an SF 600, **Health Record - Chronological Record of Medical Care, (Attachment 4)** indicating the individual's name, date and time verbal consent (if applicable) was obtained.

4. Alcohol Testing on Civilians. Blood alcohol testing for civilians (including military dependents) for offenses within the exclusive federal jurisdiction of Buckley AFB is the same as for military personnel. However, civilians are not subject to commander-directed testing. All of Buckley AFB is exclusive federal jurisdiction except for the Buckley Annex and portions of Military Family Housing. Call 460 SW/JA for guidance prior to non-consensual testing of civilians (**Attachment 5**).

5. Involuntary Extraction of Blood. Although there is a legal basis, the individual may refuse to voluntarily submit to the actual extraction of blood. The approval of the 460th Space Wing Commander (460 SW/CC) and the 460 SW/JA are required before force is used to procure a specimen. IAW AFI 44-102, paragraph 2.35.2.5., "Involuntary extraction of blood must be performed in a reasonable fashion by people with appropriate medical qualifications such as: physicians, appropriately privileged providers, clinic nurses, designated medical laboratory technicians, and trained emergency room medical technicians." An entry is made on the SF 600 indicating the individual's name and time when approval from 460 SW/CC and 460 SW/JA is obtained.

5.1. In the absence of injury, significant property damage, or significant mission impact, blood will not be involuntarily extracted from persons who are suspected only of underage drinking or drunk on duty. The Blood Alcohol Concentration is irrelevant for these offenses. The 460 SFS members will take detailed notes of the person's behavior and any physical signs of intoxication.

6. General Instructions for Specimens Collected at the 460th Medical Squadron, Buckley AFB.

6.1. Sequence of Events. The 460 SFS member and/or the individual's first sergeant will process the individual before bringing them over to the laboratory.

6.1.1. The field sobriety test will be administered once the individual is suspected of driving under the influence of alcohol or committing another alcohol-related offense.

6.1.1.1. If the individual passes then the case is dropped.

6.1.1.2. If the individual fails, then the next step is for the 460 SFS member to inform the individual that they will be subjected to a breathalyzer test to confirm the suspicion of intoxication.

6.1.2. The individual will either consent or not consent to the administration of the breathalyzer test. If the individual refuses, the 460 SFS member will take appropriate action. The breathalyzer test will be used in all circumstances unless:

6.1.2.1. The individual has a medical condition that would hinder them from giving a proper sample.

6.1.2.2. The breathalyzer test isn't operating correctly or is out of service for other reasons.

6.1.3. When the breathalyzer test is not used, the individual will provide blood for a BAT if a valid legal basis exists. Any other reasons for not using the breathalyzer test should be coordinated through 460 SW/JA before calling Aurora Metro or 460 MDS/SGSC to collect a blood sample.

6.1.4. The legal BAT is administered after a failed field sobriety test and if the breathalyzer test cannot be used for the above mentioned reasons. After the BAT is accomplished, the individual will then be released to the 460 SFS member, first sergeant or other appropriate authority.

6.2. BAT Processing.

6.2.1. After duty hours, the 460 SFS Law Enforcement Desk (460 SFS/LED) member will call the 460 CES/CEF. The 460 CES/CEF will in turn notify Rural Metro Ambulance. The Rural Metro Ambulance Technicians should respond within 15 minutes of notification to the 460 SFS/LED. The Rural Metro Ambulance phlebotomist will collect the BAT specimen following the Blood Alcohol Checklist for USAFA Form O-772 (after hours/weekend) (**Attachment 6**) and using the supplies and forms listed on the Blood Alcohol Inventory Sheet (**Attachment 7**) provided by 460 MDS/SGSC located in the 460 SFS/LED. The specimens will then be secured in the lock box. The lock box is placed in the designated refrigerator at the 460 SFS/LED. The 460 SFS/LED will notify the 460 MDS/SGSC the morning of the next normal duty day. The 460 MDS/SGSC will check the USAFA Form O-772 to make sure it has been accomplished properly. The 460 MDS/SGSC will print their name and sign the USAFA Form O-772, Part IV Chain of Custody, "Received By" block and then transport the samples to the laboratory. The chain of custody will be maintained at all times. The samples will be processed as soon as possible for shipment to the Air Force Academy (AFA). If 460 MDS/SGSC is unable to process the sample immediately, then the specimen will be stored in the lock box in the laboratory refrigerator.

6.2.2. The 460 MDS/SGSC personnel involved in transporting, and examining biological specimens must be able to identify the specimen. The individual collecting the specimen identifies the patient and labels the container(s) with the patient's full name, Social Security Number (SSN), date of birth, date collected, and phlebotomist initials. If the 460 MDS/SGSC collects the sample they complete USAFA O-772 Form, Part III. The specimens and the accompanying forms will be secured in a locked box until the specimen can be analyzed. The chain of custody must not be broken for any reason.

6.3. **In-House Collection of Specimens.** Individuals authorized to perform BAT blood extractions are specified in AFI 44-102, paragraph 2.35.2. During duty hours, (0730-1630, M-F), 460 MDS/SGSC will perform the extraction.

6.3.1. USAFA Form O-772 is used to identify the individual, annotate the collection of the specimens and maintain the chain of custody. After collection, the specimens are signed by the 460 MDS/SGSC and secured in a lock box in a refrigerator.

6.4. **Shipping of Specimens.** All specimens are shipped via FedEx to the AFA. The FedEx Air Bill (**Attachment 8**) will be filled out correctly to ensure the specimen arrives at the AFA. The specimen is removed from the secured lock box and processed for shipment. Refrigerate the specimen until the FedEx courier picks the package up. One tube is sent to the AFA, the other tube is held by the 460 MDS/SGSC until no longer deemed necessary by legal authorities, but no less than 30 days.

7. **Recording/Releasing Results.** Results of the chemical analysis are recorded on USAFA Form O-772, Part V, Report of Analysis, as appropriate. The 10 MDSS/SGSAL will fax and then mail the original

USAF Form O-772 to the 460 MDS/SGSC upon completion of testing. The original documentation will be given to the 460 MDS Medical Release Program NCO for filing and result release. The Medical Release Program NCO will in turn release the legal BAT results to the appropriate individuals. The Medical Release Program NCO will forward one copy of results on civilians to the 460 SW/JA, attention Magistrate's Court Program. For military members, a copy will be forwarded to 460 SW/JA, attention Military Justice. The Medical Release Program NCO is the sole releasing authority for legal BAT test results. Results of tests performed on military personnel will be released to civilian authorities only upon written request by the agency head or their designee; and only after the request has been coordinated with the 460 SW/JA.

8. Forms IMTs Adopted and Prescribed.

8.1. Adopted Forms or IMTs.

8.1.1. AF IMT 1176, **Authority to Search and Seize.**

8.1.2. AF IMT 1364, **Consent for Search and Seizure.**

8.1.3. SF Form 600, **Health Record – Chronological Record of Medical Care.**

8.1.4. USAF Form O-772, **Request for Blood Alcohol Test.**

8.2. **Prescribed Forms or IMTs.** No forms are prescribed by this publication.

ALLEN KIRKMAN, JR., Colonel, USAF
Commander

Attachment 1

SAMPLE USAFA FORM O-772, REQUEST FOR BLOOD ALCOHOL TEST

PRIVACY ACT STATEMENT			
<p>AUTHORITY: Sections 133, 1071-87, 3012, 5031, and 8012, Title 10, United States Code and Executive Order 9397. PRINCIPAL PURPOSE: This form provides you the advice required by the Privacy Act of 1974. The personal information will facilitate and document your health care. The SSN of a member or sponsor is required to identify and retrieve health care records. ROUTINE USES: The primary use of this information is to report medical conditions required by law to federal, state, and local agencies; other lawful purpose, including law enforcement and litigation; conduct authorized investigations; or to provide physical qualifications of patients to agencies of federal, state or local government upon request in the pursuit of their official duties. DISCLOSURE IS MANDATORY OR VOLUNTARY: In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.</p>			
PART I - IDENTIFICATION OF SUSPECT (To be completed by requesting official)			
NAME (Last, First, MI) Doe, John E.		SSN 123-45-6789	GRADE / STATUS E-2/Amn
ORGANIZATION 460 MDS			
I hereby	<input checked="" type="checkbox"/> CONSENT <input type="checkbox"/> DO NOT CONSENT	to a blood alcohol test upon myself.	
SIGNATURE <i>John E. Doe</i>		SIGNATURE OF WITNESS <i>Patty T. Cop</i>	
PART II - IDENTIFICATION OF REQUESTING OFFICIAL			
NAME (Last, First, MI) NoName, Joe P., Col		ORGANIZATION 460 MDS	DUTY PHONE 7-0000
TITLE Commander		SIGNATURE <i>Joe P. NoName</i>	
PART III - CLINICAL LABORATORY PROCESSING			
LABORATORY UNIT AND ADDRESS 10 MDSS/SGSAL 4102 Pinion Drive USAF Academy, CO 80840-5300		I certify that I personally obtained the following specimen from the suspect identified in Part I above, using a non-alcohol skin preparation.	
DATE OF COLLECTION 20030807		TIME OF COLLECTION 2200	SIGNATURE <i>Tat P. Paramedic</i>
NAME OF PHLEBOTOMIST (Last, First, MI) Paramedic, Pat P.		GRADE / STATUS EMT/Paramedic	
PART IV - CHAIN OF CUSTODY (CC) (Each individual charged with custody of specimens must complete information below. Continue CC on reverse as required.)			
RELEASED BY		RECEIVED BY	
NAME (Last, First, MI) Cop, Jim D., SSgt.		NAME (Last, First, MI) Secured Lockbox	
SIGNATURE <i>Jim D. Cop</i>		SIGNATURE N/A	
DATE 20030807		DATE 20030807	
TIME 2230		TIME 2230	
PURPOSE To safely secure the BAT specimen, until released to Lab.			
NAME (Last, First, MI) Secured Lockbox		NAME (Last, First, MI) Labtech, Ty R., SSgt.	
SIGNATURE N/A		SIGNATURE <i>Ty R. Labtech</i>	
DATE 20030808		DATE 20030808	
TIME 0745		TIME 0745	
PURPOSE To transfer BAT specimen to AFA lab to be tested.			
NAME (Last, First, MI) Labtech, Ty R., SSgt.		NAME (Last, First, MI) Secured Shipping Container	
SIGNATURE <i>Ty R. Labtech</i>		SIGNATURE N/A	
DATE 20030808		DATE 20030808	
TIME 1220		TIME 1220	
PURPOSE To transfer BAT specimen to AFA lab to be tested.			
NAME (Last, First, MI) Secured Shipping Container		NAME (Last, First, MI) Academy, Air F, SrA	
SIGNATURE N/A		SIGNATURE <i>Air F. Academy</i>	
DATE 20030809		DATE 20030809	
TIME 0820		TIME 0820	
PURPOSE To have BAT specimen tested and resulted.			
NAME (Last, First, MI)		NAME (Last, First, MI)	
SIGNATURE		SIGNATURE	
DATE		DATE	
TIME		TIME	
PART V - REPORT OF ANALYSIS			
ETHYL ALCOHOL (ETOH) CONTAINED IN BLOOD SPECIMEN		LABORATORY TECHNICIAN	
mg/dl 4.46	x1g/1000mg .0446	NAME (Last, First, MI) Academy, Air F., SrA	GRADE / STATUS E-4/SrA
DATE OF TESTING 20030809	TIME OF TESTING 1300	SIGNATURE <i>Air F. Academy</i>	
LABORATORY OFFICER / PATHOLOGIST REVIEW		REPORT RELEASED TO	
NAME (Last, First, MI) Specimen, Lab T., Col.		GRADE / STATUS O-6/Col	NAME (Last, First, MI) Labtech, Ty R., SSgt.
SIGNATURE <i>Lab T. Specimen</i>		ORGANIZATION 460 MDS/SGSC	GRADE E-5
DATE 20030809		DATE 20030809	TIME 1532

USAFA FORM O-772, APR 99 CONTINUATION SHEET

Here is where there would be any notes that are relevant to the Chain of Custody or testing of the BAT specimen.

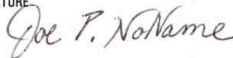
Attachment 2

SAMPLE AF FORM 1364, CONSENT FOR SEARCH AND SEIZURE

CONSENT FOR SEARCH AND SEIZURE		
NAME (Print or type) John E. Doe	GRADE E-2	SSN 123-45-6789
ADDRESS (Organization and station. Include ZIP Code) 460 MDS/SGSC, Buckley AFB, CO 80011		
<p>I, <u>Ann John E. Doe</u>, state that <u>SSgt. Jim D. Cop</u> was identified to me as a <u>Security Forces Member</u> and advised me that the nature of the offense(s) _____ of which I am suspected (matters concerning which I may have knowledge) is / are as follows: <u>Wrongful Use and Possession of a Controlled Substance and Underage Drinking///JD</u></p>		
<p><u>JD</u> know that I have the legal right to either consent to a search, or to refuse to give my consent. I understand that if I do content to a search, anything found in the search can be used against me in a criminal trial or in any other disciplinary or administrative procedure. I also understand that if I do not consent, a search cannot be made without a warrant or other authorization recognized in law.</p> <p>With knowledge of the foregoing, I have decided to allow the person identified above and whomever may be designated to assist, to search the following place(s) in the day time / night time <u>JD</u></p> <p><u>My vehicle a 2000 Chevrolet Cavalier, LA Lic 2BA000. JD</u></p>		
<p><u>JD</u> Before deciding to give my consent, I carefully considered this matter. I am giving my consent voluntarily and of my own free will, without having been subjected to any coercion, unlawful influence or unlawful inducement and without any promise of reward, benefit, or immunity having been made to me. The investigators have my permission to take any letters, papers, materials, articles or other property they consider to be evidence of an offense, including contraband for use as evidence in any criminal prosecution hereafter initiated. I have read and understand this entire acknowledgment of my rights and grant of my consent for search and seizure. <u>JD</u></p>		
<p>Dated this <u>7th</u> day of <u>August 2003</u>, at <u>2110 hours, L.E.D.,Buckley</u></p>		
SIGNATURE <u>John E. Doe</u>		
WITNESS <u>Jim D. Cop</u>		WITNESS <u>Patty T. Cop</u>
<p>1. Insert "Security Policy Investigator, USAF," "AFPSI Special Agent," or other appropriate designation. 2. Insert <u>by person; my dwelling; my apartment and storage area; my room; my footlocker; the premises; etc.</u> Describe in detail the property or area to be searched and its location for proper identification.</p>		

Attachment 3

SAMPLE AF FORM 1176, AUTHORITY TO SEARCH AND SEIZE

AUTHORITY TO SEARCH AND SEIZE		
I have <i>(previously)</i> been informed that	<u>SSgt. Jim D. Cop</u>	
is investigating the offense of	<u>Wrongful Use and Possession of a Controlled Substance and Underage Drinking</u>	and has requested that
I authorize a search of the <i>(person of)</i>	<u>Amn John E. Doe</u>)
<i>(premises known as)</i>	<u>Amn Doe's vehicle, a 2000 Chevrolet Cavalier, LA Lic 2BA000</u>)
and the seizure of the following specified property: <u>Any illicit drugs, alcohol, or related paraphenalia</u>		
<p>Having carefully considered the matters presented to me in support of that request, I <i>(am) (was)</i> satisfied that there <i>(is) (was)</i> probable cause to believe that the property specified above <i>(is) (was)</i> being concealed on the <i>(person) (premises)</i> described. I <i>(am) (was)</i> further satisfied from the matters presented that the said property <i>(1)</i> is evidence which will aid in the apprehension or conviction of the person(s) who committed the offense being investigated, or <i>(2)</i> is or has been used, designed, or intended for use, as the means of committing the criminal offense(s) being investigated, or <i>(3)</i> was illegally obtained as the result of the commission of the offense(s) being investigated, or <i>(4)</i> is contraband possessed or controlled in violation of law or regulation, or <i>(5)</i> is a combination of two or more of <i>(1)</i> through <i>(4)</i>.</p>		
Accordingly, <u>SSgt. Jim D. Cop</u>		
the assistance of such person or persons as may be necessary, <i>(is) (was)</i> directed to search forthwith the <i>(person) (premises)</i> described for the property specified, and if such property be found to seize and secure the same for use as evidence in any criminal prosecution hereafter initiated. This authority to search and seize <i>(is) (was)</i> issued by virtue of:		
<input checked="" type="checkbox"/> My position as commander having jurisdiction over the <i>(person) (premises)</i> herein described.		
<input type="checkbox"/> My delegation to me of the authority to authorize searches and seizures by the commander having jurisdiction over the <i>(person) (premises)</i> herein described.		
No search conducted pursuant to the authority herein granted shall be initiated later than three days from		<u>7 August 2003</u>
<i>(date authority is granted).</i>		
Dated this <u>7th</u> day of <u>August</u> , <u>2003</u> (year), at <u>2110hrs, 4 Aspen Way, Buckley AFB.</u>		
CAUTION		
RECORD SHOULD BE KEPT OF THE INFORMATION GIVEN TO THE AUTHORIZING OFFICER, ON WHICH THAT OFFICER BASES THE AUTHORIZATION, FOR POSSIBLE USE IN COURTS-MARTIAL. MAKE A SUMMARY OF ORAL INFORMATION. ENSURE THAT THIS SUMMARY AND ANY WRITTEN INFORMATION RECEIVED IS PROPERLY PRESERVED. CONSULT THE STAFF JUDGE ADVOCATE. ALSO SEE AFI 31-201.		
TYPED NAME, GRADE, AND ORGANIZATION AUTHORIZING OFFICIAL Joe P. NoName, Col., USAF	SIGNATURE 	DATE (YYYY DD MM) 20030708

Attachment 4

SAMPLE SF FORM 600, CHRONOLOGICAL RECORD OF MEDICAL CARE

NSN 7540-00-834-4178

600-106

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)	
7 Aug 03	S) Patient present at clinic during duty hours escorted by 460 Security Forces Personnel for possible DUI. Patient states he was pulled over for swerving on the road.	
	O) Patient speech seems slurred and patient is very uncooperative. Patient has small cuts and bruises on wrists due to his/her resistance to 460 Security Forces Personnel. Patient is very combatant.	
	P/A) Unable to collect vial of blood from patient for Legal BAT, because patient was uncontrollable and violent. Patient was treated for bruises, cut, and shock because of their behavior. Recommend Psychological Evaluation.	

PATIENT'S IDENTIFICATION (*Use this space for Mechanical Imprint*)
 Home Station/Base:
 Buckley AFB, CO
 Duty Phone # 303-677-0000
 Home Phone # 303-123-0000

RECORDS MAINTAINED AT: ▶		SEX	
PATIENT'S NAME (<i>Last, First, Middle Initial</i>) John E. Doe		M	
RELATIONSHIP TO SPONSOR N/A	STATUS ADAF	RANK/GRADE E-2/Amn	
SPONSOR'S NAME Same as above		ORGANIZATION 460 MDS/SGSC	
DEPART./SERVICE Air Force	SSN/IDENTIFICATION NO. 123-45-6789	DATE OF BIRTH 01/01/80	

Attachment 5

LIST OF PHONE NUMBERS NEEDED FOR LEGAL BAT

A5.1. 460th Security Forces Squadron (460 SFS).

A5.1.1. 460 SFS Law Enforcement Desk (460 SFS/LED): (720) 847-9930 or DSN 847-9930.

A5.1.2. 460 SFS Central Security Cpmtrpl (460 SFS/CSC): (720) 847-9250/9252 or DSN 847-9250.

A5.1.3. 460 SFS Investigations: (720) 847-9334 or DSN 847-9334.

A5.2. 460th Medical Squadron (460 MDS/SGSC).

A5.2.1. 460 MDS/SGSC (Aurora North): (720) 847-6542/6066 or DSN 847-6542/6066.

A5.3. 460th Space Wing/Staff Judge Advocate (460 SW/JA).

A5.3.1. 460 SW/JA: (720) 847-6444/9716 or DSN 847-6444/9716.

A5.4. 460th Civil Engineer Squadron Fire Department (460 CES/CEF).

A5.4.1. 460 CES/CEF: (720) 847-9928/9925/9929 or DSN 847-9928/9925/9929.

A5.5. Rural Metro Ambulance.

A5.5.1. Rural Metro Ambulance: (303) 343-9039.

Attachment 6**BLOOD ALCOHOL CHECKLIST FOR USAFA FORM O-772
(AFTER HOURS AND WEEKEND)**

A6.1. Part I. A 460 SFS member will completely fill out this section using the individual's identification card. The individual must place an X on the consent or do not consent box and sign the form.

A6.2. Part II. Before a BAT is drawn:

A6.2.1. The individual's commander, first sergeant or a 460 SFS member's signature must be obtained.

A6.2.2. A verbal permission will suffice until the commander or requesting official's signature can be obtained. The signature block can remain blank until the commander provides a signature or requesting official. The signature may be obtained the next duty day.

A6.3. Part III. The technician collecting the specimen (i.e. phlebotomist) must fill out part III. The technician must completely fill out the following blocks, name of phlebotomist (Last, First MI), grade/status, date and time of collection, and signature. The technician drawing blood will ensure both tubes are labeled correctly. The following information must be on both tubes, the full name and SSN of the individual, date and time of collection, and the technician initials. The specimen(s) can then be turned over to the 460 SFS member to be stored in the lock box.

A6.4. Part IV. The technician collecting the specimen(s) hands over the specimen(s) to the 460 SFS member. The 460 SFS member must completely fill out the block labeled "RELEASED BY" with their full name and signature, and the block labeled "RECEIVED BY" with the words "Secured Lock Box," an "n/a" in the signature block, carefully following the example provided.

A6.5. Notification Procedures. The 460 SFS will ensure that USAFA Form O-772 is fully completed (including commander or requesting official's signature or 460 SFS member in a driving under the influence case.) The 460 SFS member (LED or Investigations) will notify 460 MDS/SGSC at DSN 847-6542 or commercial (720) 847-6542 or DSN 847-6481 or commercial (720) 847-6481 to pick up the specimens (that were stored in the lock box) on the next 460 MDS/SGSC duty day.

Attachment 7

BLOOD ALCOHOL INVENTORY SHEET GUIDELINES

A7.1. Use a large ziplock bag for disposal of waste, except for the used needle. Aurora Metro Ambulance Technicians should dispose of the needle.

A7.2. Any opened bags and all excess materials not used should be returned to the laboratory.

A7.3. Rural Metro Ambulance Technicians should only use the kits provided by the 460 MDS/SGSC for the collection of BAT samples.

Table A7.1. Blood Alcohol Inventory Sheet.

QUANTITY	NAME
1 Each	Example Worksheet of USAFA Form O-772
1 Each	Blank USAFA Form O-772
1 Each	Biohazard bag
1 Packet	Povidone-Iodine swabs
3 Each	Potassium Oxalate Sodium Fluoride tubes
2 Each	Band-Aid
4 Each	Gauze Pads
2 Each	21 Gauge needles
1 Each	Tourniquet
1 Each	Needle Hub

Attachment 8

SAMPLE FEDEX AIR BILL

From: JASON E MEYER (303)677-6542
USAF
830 POTOMAC, SUITE 105
AURORA, CO, 80011



To: AFA Laboratory Services (719)333-5159
10th MDSS/SGSAL
4102 Pinon Dr.
Attn: SHIP & Rec
USAFA, CO, 80840

SHIP DATE: 25AUG03
WEIGHT: 5 LBS

Ref:

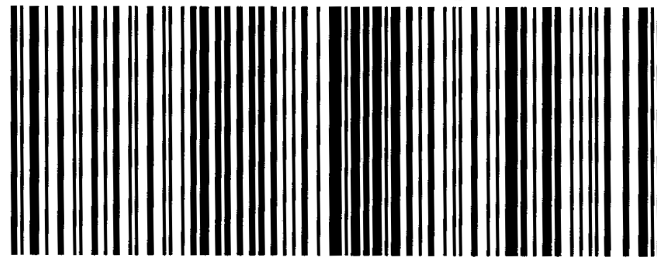


DELIVERY ADDRESS BARCODE(FEDEX-EDR)

TRK # 7923 1507 3382 FORM 0201

FedEx PRIORITY OVERNIGHT
COS
80840-CO-US 70 COSA

TUE
AM
Deliver by:
26AUG03



Shipping Label: Your shipment is complete

- Cancel shipment
- Edit shipment information
- Process another shipment
- Repeat last shipment

1. Use the 'Print' feature from your browser to send this page to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

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