BTI Class Checklist
(To be completed by the Breath Test Instructor)

Training Date: _____ **Training Location:** _____

☐ Grant or ☐ Non-Grant (Please check one)

Certification Roster
☐ Hard copy of Certification Roster
☐ Verified all information for each participant (no nicknames, must be legal name, including all suffixes)
☐ Training date is correct
☐ Training location is correct
☐ Class ratios are correct
☐ BTI(s) name(s) and signature(s) present
☐ Signature for each participant present
☐ Any participants with no signature are verified absent

☐ Any observers are documented properly

☐ Graduation Date listed (if applicable)

> **Key**
> ✓ - Verified Correct
> N/A - Not Applicable/Does not Apply

Practical Exams
☐ One for each participant (sort by order on roster)
☐ Verify names match on both practical and roster
☐ Conducted as valid Training Test
☐ Successful test
☐ Both pages are present and the "Breath Test Report Form" is signed

Written Exams
☐ One exam for each participant
☐ Student signature present (wet signature, no copies)
☐ Exams are graded
☐ P or F circled on each exam
☐ BTI signature present on EACH exam **signifying that you have gone over any incorrect answers with the participant**

Evaluations
☐ One present for each participant (required for grant classes only)

Final Review
☐ All A/P/F/Y/N in white "Written Exam" and "Practical BT Test" columns filled out properly
☐ Submitted to OAT

"I hereby recommend the individuals listed on the accompanying BTO Certification Roster, identified as PASSING, to become certified Breath Test Operators. They have successfully completed their BTO training as per 501 CMR 2.07."

BTI Name Printed: _____

BTI Signature: _____

Please include this sheet with the BTO Class paperwork submitted to OAT