

DEPARTMENT OF STATE POLICE
 CRIME LABORATORY
 OFFICE OF ALCOHOL TESTING
 124 Acton Street
 Maynard, MA 01754
OATBTOprogram@mass.gov

OFFICER IN CHARGE (OIC) DESIGNATION FORM

The submission of this form will supersede all other OIC Designations.

AGENCY/ DEPARTMENT:
Officer in Charge (Primary):
Agency E-mail (Primary):
Agency Phone# (Primary):
EFFECTIVE DATE (Primary):

Officer in Charge (Alternate):	Officer in Charge (Alternate):
Agency E-mail (Alternate):	Agency E-mail (Alternate):
Agency Phone# (Alternate):	Agency Phone # (Alternate):
EFFECTIVE DATE (Alternate):	EFFECTIVE DATE (Alternate):

Pursuant to 501 CMR 2.10, I am designating the above named as the Officer(s)-in-Charge of breath testing equipment at the above designated location and effective date.

 Name of Chief/Station Commander

 Signature of Chief/Station Commander

For each certified breath test device in the Commonwealth, there shall be at least one designated OIC. The OIC(s) shall be responsible for ensuring the breath test device is in proper working order and shall act as the keeper(s) of the records for such device. The name(s) of the designated OIC(s) shall be submitted, in writing, by the chief of police or designee of the department or agency to the Office of Alcohol Testing. Any changes in this designation shall also be submitted, in writing, to the Office of Alcohol Testing. OIC(s) must be certified BTO(s). - 501 C.M.R. 2.10 (03/25/2016).

PLEASE NOTE: A list of all OIC's is provided through the eDiscovery Portal.