

DEPARTMENT OF STATE POLICE  
CRIME LABORATORY  
OFFICE OF ALCOHOL TESTING

124 Acton Street  
Maynard, MA 01754  
(857) 377 - 3030 Tel  
(857) 377 - 3035 Fax

**OFFICER IN CHARGE (OIC) DESIGNATION FORM**

The submission of this form will supersede all other OIC Designations

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

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 (Print)

\_\_\_\_\_  
Signature of Chief

<i>FOR OAT USE ONLY: BT and PBTs</i>	<i>FOR OAT USE ONLY: PBTS ONLY</i>	
Initial and date next to check box	Initial and date next to check box	
<b>User Database Updated:</b> <input type="checkbox"/> _____	<b>Contact List Updated:</b> <input type="checkbox"/> _____	<b>Comments:</b>
<b>User ID List Updated:</b> <input type="checkbox"/> _____		
<b>Contact List Updated:</b> <input type="checkbox"/> _____		
<b>Database Sent:</b> <input type="checkbox"/> _____		

*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 (04/30/2010).*