



Signature \_\_\_\_\_

ID No. / Badge No. Agency/Service \_\_\_\_\_

Date (DD MM YYYY) \_\_\_\_\_

### Identification of Driver

Name: \_\_\_\_\_

DOB:      DD      MM      YYYY     

Picture Identification provided:      Y/N      Details:      Description and Number     

Picture corresponded to driver:      Y/N     

Other Identification:      Provide Details     

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### Laser Equipment Tests

Laser Type: \_\_\_\_\_

Serial Number : \_\_\_\_\_

Pre-Testing:

| TEST                              | DATE (DD MM YYYY) | TIME (24 Hour Clock) |
|-----------------------------------|-------------------|----------------------|
| Zero Velocity Fixed Distance Test |                   |                      |
| Self Test                         |                   |                      |
| Display Test                      |                   |                      |
| Scope Alignment Test              |                   |                      |

Post- Testing:

| TEST                              | DATE (DD MM YYYY) | TIME (24 Hour Clock) |
|-----------------------------------|-------------------|----------------------|
| Zero Velocity Fixed Distance Test |                   |                      |
| Self Test                         |                   |                      |
| Display Test                      |                   |                      |
| Scope Alignment Test              |                   |                      |

### Radar Equipment Tests

Radar Type: \_\_\_\_\_

Serial Number : \_\_\_\_\_

Pre-Testing:

| TEST                                 | DATE (DD MM YYYY) | TIME (24 Hour Clock) |
|--------------------------------------|-------------------|----------------------|
| Internal Circuit Test                |                   |                      |
| Light Segment Test                   |                   |                      |
| External Tuning Fork Test            |                   |                      |
| Audio Doppler Test (confirm working) |                   |                      |

Post-Testing

| TEST                                 | DATE (DD MM YYYY) | TIME (24 Hour Clock) |
|--------------------------------------|-------------------|----------------------|
| Internal Circuit Test                |                   |                      |
| Light Segment Test                   |                   |                      |
| External Tuning Fork Test            |                   |                      |
| Audio Doppler Test (confirm working) |                   |                      |