

CASE REFERENCE .....

### F1 INTRODUCTION AND GENERAL GUIDANCE

This form is for use by authorised police officers during the application of a Preliminary Impairment Test on a subject who has been required to cooperate. Where a test is abandoned the reasons should be recorded. If the questions are read from a card, the wording must be identical to those used in this form and the card must remain available for production at court. A record of any medical condition or disability claimed at any time during the tests, and a record of any response or gesture made to any question or at any other time, must be recorded. Any ancillary pupil gauge used must be retained for production at court if required.

### F2 RELEVANT DETAILS OF PRELIMINARY IMPAIRMENT TEST

<b>DATE</b>	<input type="text"/>	<b>TIME TEST COMMENCED</b>	<input type="text"/>
<b>LOCATION OF TEST</b>	<input type="text"/>		
<b>WEATHER CONDITIONS</b>	<input type="text" value="*FINE / RAIN / SNOW / WIND"/>	<b>TYPE OF SURFACE USED (Indicate Wet/Dry)</b>	<input type="text"/>
<b>TYPE of FOOT-WEAR WORN</b>	<input type="text"/>	<b>LIGHT CONDITIONS</b>	<input type="text"/>
<b>NAME</b>	<input type="text"/>		
<b>ADDRESS</b>	<input type="text"/>		
<b>DATE OF BIRTH</b>	<input type="text"/>	<b>MALE / FEMALE</b>	<input type="text"/>
		<b>OFFICER DEFINED ID CODE</b>	<input type="text"/>
<b>ARRESTING OFFICER</b>	<input type="text"/>		<b>ID CODE 16 +1</b> <input type="text"/>
<b>PIT OFFICER</b>	<input type="text"/>		

### F3 REASON FOR TEST and DEMEANOUR

<b>COLLISION / MOVING TRAFFIC OFFENCE / SUSPICION OF ALCOHOL / DRUGS IN BODY *</b>
<b>DEMEANOUR</b> .....
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.....
.....

\* Delete as applicable

## F4 PUPILLARY EXAMINATION

"I am going to examine the size of your pupils, comparing them to this gauge, which I will hold up to the side of your face. All I require you to do is look straight ahead and keep your eyes open wide".

"Do you understand?" ..... \*YES / NO

"Are you wearing Contact Lenses?" ..... \*YES / NO

PUPIL SIZE LEFT  mm

WATERY ..... \*YES / NO

PUPIL SIZE RIGHT  mm

REDDENING ..... \*YES / NO

Additional Comments .....

## F5 MODIFIED ROMBERG BALANCE TEST

"Stand up straight with your heels and toes together and your arms down by your sides. Maintain that position while I give you the remaining instructions. Do not begin until I tell you. When I tell you, tilt your head back slightly, close your eyes (**demonstrate but do not close your eyes**). When you think 30 seconds has passed, bring your head forward, open your eyes and say 'Stop'".

"Do you understand?" ..... \*YES / NO

"Do you have any disability or medical condition that prevents you from participating in this test?"

REPLY .....

ABLE TO BALANCE DURING INSTRUCTIONS ..... \*YES / NO

IF NO ..... STEPS  SWAYS  RAISES ARMS

"Tilt your head back, close your eyes and start" (begin timing on start)

"How long was that?" REPLY ..... ESTIMATES 30 SECONDS AT  SECONDS

EYES OPEN	HEAD FORWARD	STEPS	SWAYS	RAISED ARMS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## F6 WALK AND TURN TEST (Identify a real or imaginary line. Do not use a kerb or anywhere the subject may fall)

"Place your left foot on the line. Place your right foot on the line in front of your left touching heel to toe (**demonstrate**) Put your arms down at your sides and keep them there throughout the test. Maintain that position while I give you the remaining instructions".

"Do you understand?" ..... \*YES / NO

"When I say start, you must take nine heel to toe steps along the line. On each step the heel of the foot must be placed against the toe of the other foot (**demonstrate**). When the ninth step has been taken, you must leave the front foot on the line and turn around using a series of small steps with the other foot which I will demonstrate. After turning you must take another nine heel to toe steps along the line. During the test you must watch your feet at all times and count each step out loud. Once you start walking do not stop until you have completed the test". (**demonstrate complete test**)

"Do you understand?" ..... \*YES / NO

"Do you have any disability or medical condition that prevents you from participating in this test?"

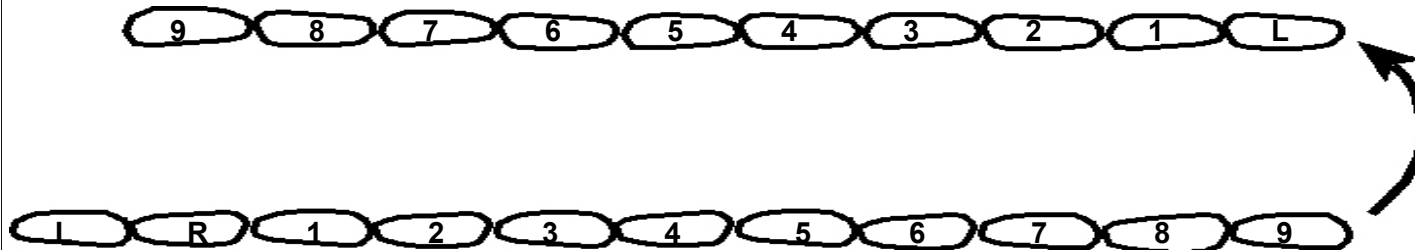
REPLY .....

ABLE TO BALANCE DURING INSTRUCTIONS ..... \*YES / NO

IF NO: ..... STEPS  SWAYS  RAISES ARMS  STARTS TOO SOON

COMPLIED WITH INSTRUCTIONS ..... \*YES / NO

IF NO: .....



Any deviation from the instructions should be indicated as below and on the diagram above

STOPS WALKING  S MISS HEEL/TOE  M RAISES ARMS  A STEPS OFF LINE

CORRECT TURN ..... \*YES / NO IF NO: STATE REASON .....

CORRECT STEP COUNT ..... \*YES / NO COUNTS OUT LOUD ..... \*YES / NO

IF NO: ..... TO TURN  FROM TURN

Additional Comments:

## F7 ONE LEG STAND TEST

“Stand with your feet together and your arms down by your sides (**demonstrate**). Maintain that position while I give you the remaining instructions. Do not begin until I tell you.”

“Do you understand?” ..... \*YES/NO

“When I tell you to you must raise your right foot 6 to 8 inches (or 15 to 20 cms) off the ground, keeping your leg straight and your toes pointing forward, with your foot parallel to the ground (**demonstrate**). You must keep your arms down by your sides and keep looking at your raised foot while counting out loud in the following manner, ‘one thousand and one, one thousand and two, one thousand and three’ and so on until I tell you to stop.”

“Do you understand?” ..... \*YES/NO

“Do you have any disability or medical condition that prevents you from participating in this test?”

REPLY .....

**Repeat procedure with each foot** Before allowing the subject to move onto the left foot, check that the instructions are still understood. If not, repeat the instructions and record that they were re-given.

**ABLE TO BALANCE DURING INSTRUCTIONS** ..... \*YES / NO

IF NO: ..... STEPS  SWAYS  RAISES ARMS

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**COMPLIES WITH INSTRUCTIONS** ..... \*YES / NO

IF NO: ....

<b>LEFT LEG</b>	<b>SWAYS</b>	<b>HOPS</b>	<b>PUTS FOOT DOWN</b>	<b>RAISES ARMS</b>
Number of times	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>RIGHT LEG</b>	<b>SWAYS</b>	<b>HOPS</b>	<b>PUTS FOOT DOWN</b>	<b>RAISES ARMS</b>
Number of times	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COUNTED CORRECTLY** ..... \*YES / NO

**Additional Comments:**

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**F8 FINGER AND NOSE TEST**

*“Stand with your feet together and your arms in this position. (demonstrate arms down by your sides in front of the body, palms facing forward and closed with the index finger of both hands extended). Maintain that position while I give you the remaining instructions. Do not begin until I tell you. When I tell you, you must tilt your head back slightly and close your eyes. (demonstrate) When I tell you which hand to move, you must touch the tip of your nose with the tip of that finger and lower your hand once you have done so (demonstrate).”*

“Do you understand?” ..... \*YES/NO

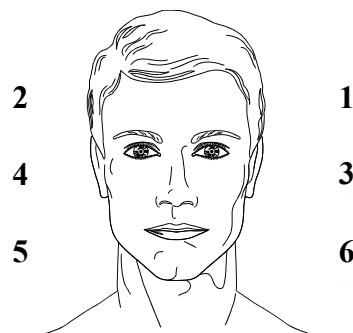
“Do you have any disability or medical condition that prevents you from participating in this test?”

**REPLY** .....

“Tilt your head back and close your eyes”

Call out the commands in the following order, “left, right, left, right, right, left”.

	1	2	3
<b>CORRECT HAND USE</b>	*YES/NO	*YES/NO	*YES/NO
	4	5	6
	*YES/NO	*YES/NO	*YES/NO



**ABLE TO BALANCE DURING TEST** ..... \*YES / NO

IF NO: ..... STEPS  SWAYS  RAISES ARMS

**F9 SIGNATURES** ..... **Authorised Officer Conducting Test**  
 ..... **Officer Completing Form (If different)**

**F10 OVERALL ASSESSMENT: SUBJECT - \*IMPAIRED / NOT IMPAIRED**

\* Delete as applicable

**TIME TEST  
COMPLETED**