



DRY LAKES RACERS AUSTRALIA

Breath Alcohol Testing Log

Meeting: Date: State:

DATO: Signature:

DATO Assistant / Chaperone: Signature:

#	Name	Role (eg driver, fire marshal)	1 st Reading	Time	2 nd Reading	Time	Referred to Race Director
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							