

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
FIELD SOBRIETY TEST PERFORMANCE REPORT

Time	Date	Boarding No	Boarding Officer	Boarding Location
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Subject's Name <i>(Enter Last Name, First, Middle Initial)</i>	Gender <i>(M, F, Other)</i>	Date of Birth <i>(m/d/yyyy)</i>	Height (in)	Weight	Hair	Eyes
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Observations

Phase I: Vessel in Motion - Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact - Document observations made during face-to-face contact with the operator.

<p>Operator Actions</p> <input type="checkbox"/> Cannot find registration/wallet <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input type="checkbox"/> Problem using fingertips <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input type="checkbox"/> Unusual statements	<p>Breath</p> <p>Alcoholic beverage:</p> <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None <input type="checkbox"/> Marijuana <input type="checkbox"/> Breath mint/cover odor <p>Face</p> <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Sunburned <input type="checkbox"/> Normal	<p>Eyes</p> <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Constricted pupils <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal <p>Unusual Actions</p> <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying	<p>Attitude</p> <input type="checkbox"/> Jovial <input type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input type="checkbox"/> Insulting <p>Clothing</p>	<p>Balance</p> <input type="checkbox"/> Normal <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Sits down <input type="checkbox"/> Supports against object <input type="checkbox"/> Staggering <input type="checkbox"/> Unsteady <input type="checkbox"/> Wide stance <input type="checkbox"/> Needs assistance <p>Notes</p>	<p>Speech</p> <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Normal <input type="checkbox"/> Other
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Phase III: Seated Test Battery

YES	NO	PRE-TEST QUESTIONS	NOTES	GENERAL INSTRUCTIONS:
		Do you have any physical defects or disabilities?		<p>Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? <i>(Response)</i>. Do not move your feet until the tests are over. Stay in this position and do not do anything until I tell you to do so. Do you understand? <i>(Response)</i>.</p>
		Do you have any defects in your feet, legs, ankles, or hips?		
		Do you wear glasses, contacts, or have any defects with your eyes?		
		Are you sick or injured?		
		Are you under the care of a doctor or dentist?		
		Are you taking any medication or drugs?		

HORIZONTAL GAZE NYSTAGMUS

Have the subject remove their eyeglasses, if worn.
 Are you wearing contact lenses? Yes No
 I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? *(Response)*
Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Clues	Left	Right
Lack of smooth pursuit		
Distinct & sustained nystagmus at max. deviation		
Onset of nystagmus prior to 45-degrees		
Total Clues		
Vertical Nystagmus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation Criteria: 4 or more clues	

FINGER TO NOSE

- Make a fist with both hands, extend your index fingers and turn your palms forward. *(Demonstrate)* Remain in this position while I explain the test. Do you understand? *(Response)*
- When I say begin, tilt your head back to about a 45° angle and close your eyes. *(Demonstrate, but do not close eyes for officer safety reasons)*
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. *(Demonstrate and explain the fingertip, pad, and side of fingers and demonstrate touching tip of the nose)*
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? *(Response)*
- Begin. *(After head tilt...)* Left...Right...Left...Right...Right...Left *(After performance...)* Open your eyes and straighten your head.

Instruction Stage	Performance Stage	Left	Right	Left	Right	Right	Left
Unable to follow instructions	Did not close eyes						Wrong Hand
Started at wrong time	Did not tilt head						Wrong Finger
	Opened eyes during test						Hesitated
	Moved head during test (1"+)						Searched
	Not Fingertip						Not Fingertip
	Missed Tip of Nose						Missed Tip of Nose
	Did Not Bring Down						Did Not Bring Down
		Total Clues					
		Evaluation Criteria: 9 or more clues					

Notes:

PALM PAT <ul style="list-style-type: none"> Place your hands palm to palm with one hand up and one hand down, like this. <i>(Demonstrate)</i> Remain in this position while I explain the test. Do you understand? <i>(Response)</i> When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. <i>(Demonstrate at least two sets)</i> Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. <i>(Demonstrate)</i> Do you understand? <i>(Response)</i> Begin. <i>(If necessary, tell to speed up)</i> (Observe at least 10 seconds, but no more than 15) 	Instruction Stage Unable to follow instructions Started at wrong time	HAND COORDINATION <ul style="list-style-type: none"> Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. <i>(Demonstrate)</i> Remain in this position while I explain the test. Do you understand? <i>(Response)</i> When I say begin, you must perform four tasks. The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. <i>(Demonstrate while counting out loud 1, 2, 3, 4)</i> The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. <i>(Demonstrate, ensure clap is palm to palm)</i> The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. <i>(Demonstrate while counting out loud 5, 6, 7, 8)</i> The fourth task is to open your hands with palms down and place them in your lap. <i>(Demonstrate)</i> Do you understand? <i>(Response)</i> Begin. 	Instruction Stage Unable to follow instructions Started at wrong time
	Performance Stage Did not count as instructed Rolled hands Double pat Chopped pat Other improper pat (document) Did not increase speed Rotated hands Stopped before told		Performance Stage Task 1 - Forward Steps Improper count Improper touch Did not perform
	Total Clues Evaluation Criteria: 2 or more clues		Task 2 - Hand Clapping Improper count Improper touch Improper return Did not perform
			Task 3 - Return Steps Improper count Improper touch Did not return left fist to chest Did not perform
			Task 4 - End Position Improper position Did not perform
			Total Clues Evaluation Criteria: 3 or more clues

Shore Test Battery (Have Subject Off Vessel for at least 15 minutes)

Time Ashore:

Time Started:

WALK AND TURN

- Place your left foot on the line (real or imaginary). *(Demo placement of left foot)*
- Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of the left foot. *(Demonstrate placement of both feet)*
- Place your arms down at your sides. *(Demonstrate placement of arms at sides)*
- Maintain this position until I have completed the instructions. Do not start to walk until told to do so.
Do you understand the instructions so far? *(Response)*
- When I tell you to start, take nine heel-to-toe steps on the line, turn, and take nine heel-to-toe steps down the line. *(Demonstrate a minimum of three heel-to-toe steps)*
- When you turn, keep the front (lead) foot on the line, and turn by taking a series of small steps with the other foot, like this. *(Demonstrate the turn and a minimum of three heel-to-toe return steps)*
- While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud. Once you start walking, don't stop until you have completed the test. Do you understand? *(Response)*
- Begin

Instruction Stage

Loses balance during instructions

Starts before told

Performance Stage

Stops while walking

Does not touch heel-to-toe (1/2"+)

Steps off line

Uses arms to balance (6"+)

Improper turn

Wrong number of steps

Total Clues

Cannot perform test (explain)

Evaluation Criteria: 2 or more clues

ONE LEG STAND

- Please stand with your feet together and your arms down at the sides, like this. *(Demonstrate placement of both feet and placement of arms at sides)*
- Do not start to perform the test until I tell you to do so. Do you understand the instructions so far? *(Response)*
- When I tell you to start, raise either leg with the foot approximately six inches off the ground, with both legs straight and the raised foot parallel to the ground. *(Demonstrate this position)*
- Keep both legs straight and your arms at your side. While holding that position, count out loud in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop. *(Demonstrate)*
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? *(Response)*
- Begin. *(Observe for 30 seconds)*

Clues

Sways while balancing

Uses arms to balance (6"+)

Hopping

Puts foot down

Total Clues

Cannot perform test (explain)

Evaluation Criteria: 2 or more clues

Chemical Test

The Boarding Officer directs the subject to submit to a chemical test based on reasonable cause the individual is under the influence of drugs or alcohol in violation of 33 CFR 95.020 or 95.025. In the event the subject refuses, issue them this warning, "Your refusal to submit to BAC testing is admissible evidence in any administrative proceeding, and may result in legal presumption that you are intoxicated; further, your refusal may result in termination of your voyage."

Time of Test:	Test Results:	% BAC	<input type="checkbox"/> Refused Test
Device Serial Number:	Last Calibration/Accuracy Date:		
BO Name:	BUI Currency Date:		
BO Signature:	Witness Signature:		

Field Sobriety Test Performance Report

NOTES:

Privacy Act Statement

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C §89; 14 U.S.C. §102; 14 U.S.C. §504; and 33 C.F.R. Part 95

PURPOSE: The United States Coast Guard (USCG) will use this information to document USCG field sobriety test results.

ROUTINE USES: Authorized USCG officials will use this information to document the USCG field sobriety test results of a vessel's owner/operator suspected of boating while under the influence of alcohol or drugs. Any external disclosures of information within this record will be made in accordance with DHS/USCG-031, USCG Law Enforcement (ULE) System of Records, 81 Federal Register 88697 (December 8, 2016).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is mandatory. Failure to furnish the information upon a USCG boarding may subject the owner/operator of the vessel to a fine or penalty.