

REPORT OF CHANGE FORM (FORENSIC ALCOHOL LABORATORY)

INSTRUCTIONS

- (a) Use typewriter or print in ink. Use attachments if necessary. **INCOMPLETE OR INCORRECTLY COMPLETED FORM WILL BE RETURNED**
- (b) Submit this form to report a change or discontinuance of activities in a forensic alcohol laboratory as required by Section 1217.3 of the regulations contained in Title 17, California Code of Regulations.
- (c) Under Item 1 below, give the full legal name and address of the laboratory and the telephone number.
- (d) Under Items 2 through 7, check (✓) those items for which you are reporting a change or a discontinuance and give the required information regarding the change or discontinuance.
- (e) Under Item 8, this report must be certified by the Owner or Administrator and the person responsible for forensic alcohol analysis in the laboratory.
- (f) Send this report to:

**California Department of Public Health
 850 Marina Bay Parkway, G-365
 Richmond, CA 94804-6403
 Attn.: Food and Drug Laboratory Branch**

1. NAME OF LABORATORY	Telephone:	
Street Address	City	Zip Code

2. CHANGE THE NAME OF LABORATORY TO (State name exactly as desired to be shown on correspondence):

3. CHANGE OF ADDRESS

<input type="checkbox"/> (a) Change of laboratory location to: Street Address	City	Zip Code
<input type="checkbox"/> (b) Change of mailing address to: Street Address/Post Office Box	City	Zip Code

4. CHANGE OF OWNER AND/OR ADMINISTRATOR - Complete (a) and (b) below:

(a) Name of the corporation, agency, or association owning laboratory:

(b) Type of new ownership:

- Individual
Name of new owner:

- Partnership
Name of one of the partners:

- Corporation
Name of new president or administrator:

- Governmental Agency
Name of administrator:

- Other (Association, Company, etc.)
Name of new administrator:

5. CHANGE OF PERSON RESPONSIBLE FOR FORENSIC ALCOHOL ANALYSIS:

First	Middle	Last Name
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6. REQUEST FOR CHANGE OF ACTIVITY:

- (a) This laboratory will train forensic alcohol analyst trainees.
Complete Section 1 of a new Page C application form and submit with this form.
- (b) This laboratory will perform the periodic determination of accuracy of instruments for breath alcohol analysis.
Complete Section 2 of a new Page C application form and submit with this form.
- (c) This laboratory will train persons to operate breath testing instruments for breath alcohol analysis.
- (d) This laboratory requests change(s) in method(s) used for forensic alcohol analysis or in procedures for breath alcohol analysis.
Check appropriate boxes:
 Addition of another Substitution of another method for previous method Amendments in previous method
 Other (Explain) _____
- (e) Duplicate copies of the detailed, up-to-date written description of the amendment(s) or new method or procedures are attached.

7. REQUEST FOR CHANGE OF PERSONS EMPLOYED IN FORENSIC ALCOHOL ANALYSIS:

- (a) This laboratory requests the deletion of the names of the following persons who are no longer employed in forensic alcohol analysis in this laboratory.

NAME	CLASS	EFFECTIVE DATE OF DELETION

- (b) This laboratory requests the addition of the following persons who will be employed in forensic alcohol analysis in this laboratory.
A new Page B qualifications form for each person is attached.

NAME	CLASS	NAME	CLASS

- (c) This laboratory nominates for qualification* for the indicated classes the following persons who are employed in forensic alcohol analysis in this laboratory. A new Page B qualifications form for each person is attached.

NAME	CLASS	NAME	CLASS

I declare under penalty of perjury that all statements on this form, including all attachments are true and correct and that I have read and understand Title 17, Sections 1215 through 1222.2 of the California Code of Regulations. I also certify that my connection with the above laboratory is bona fide, as shown, and that no subterfuge or mental reservation exists in connection with this notification.

8. PERSON NAMED AS OWNER OR ADMINISTRATOR OF THIS FORENSIC ALCOHOL LABORATORY:

(Or, if reporting a change in Item 4, the name of the new person/administrator).

Print or type name	Signature	Date
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9. PERSON NAMED AS PERSON RESPONSIBLE FOR FORENSIC ALCOHOL ANALYSIS:

(Or, if reporting a change in Item 5, the name of the new person responsible for forensic alcohol analysis).

Print or type name	Signature	Date
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Comments:

*In the case when a person is judged by the Department as meeting the qualifications for a Forensic Alcohol Supervisor or Forensic Alcohol Analyst, but has not passed the required proficiency test and written examination, this person can also be nominated for qualification for Forensic Alcohol Analyst Trainee in the interim.