COMMANDANT OF MIDSHIPMEN INSTRUCTION 5350.2F

From: Commandant of Midshipmen, U.S. Naval Academy

Subj: BRIGADE ALCOHOL SCREENING USING ALCOHOL DETECTION DEVICE

Ref: (a) COMDTMIDNINST 5350.1D

Encl: (1) USNA Alcohol Detection Device User Guide
      (2) United States Naval Academy ADD Test Refusal Form
      (3) Brigade Monthly ADD Training and Screening Results Memorandum
      (4) Random Number Watchstander List
      (5) Brigade Positive ADD Screening Results Memorandum

1. Purpose. The purpose of the Alcohol Detection Device (ADD) program is to encourage responsible drinking within the Brigade of Midshipmen by fostering a culture of education, training, and when appropriate, accountability. To establish procedures and responsibilities regarding the administration, operation, and training associated with the use of ADD within the Brigade.

2. Cancellation. COMDTMIDNINST 5350.2E

3. Background

   a. As part of the Secretary of the Navy’s (SECNAV) 21st Century Sailor and Marine initiative focus on readiness, the United States Naval Academy (USNA) continues to take steps to promote responsible use of alcohol and deter alcohol abuse. The ADD is a tool that can assist with identifying midshipmen who may require support before an incident occurs due to the irresponsible use of alcohol and is intended to provide education and awareness that complement other USNA efforts.

   b. This instruction does not limit or diminish existing tools currently used to detect and deter substance or alcohol abuse. Nothing in this instruction prohibits USNA from taking appropriate action, such as ordering a competence for duty examination or probable cause search, should a midshipman’s manner, disposition, speech, muscular movement, general appearance, or behavior, or other evidence reasonably suggest incapacity to perform military duties due to alcohol or drug use.
4. Policy

a. The use of ADDs will primarily be used to educate midshipmen throughout the Brigade on the responsible use of alcohol. ADD testing will not be used solely for administrative conduct action, provided the individual is behaving in a responsible manner and have not violated any conduct offenses.

b. Example actions that will be subject to conduct action:

   (1) Underage Drinking. Consumption of alcoholic beverages by any midshipman under the age of 21.

   (2) Driving Under the Influence (DUI) of Alcohol. Any midshipman reported for suspicion of DUI will be screened immediately upon returning to USNA.

   (3) Drinking in the Hall. Consumption of alcohol while in Bancroft Hall or while in a duty status.

   (4) Drinking while on Fourth-Class privileges.

   (5) Reporting to duty muster not fit for duty (see para 5c and 7b).

5. Responsibilities

a. Naval Academy Alcohol and Drug Education Officer (ADEO):

   (1) The USNA ADEO will have oversight of the ADD program. He or she shall ensure each Company Officer, Senior Enlisted Leader (SEL), Officer of the Watch (OOW), and Staff Duty Officer (SDO) are familiar with the guidelines set forth in reference (a). Enclosure (1) provides guidance for the general administration of alcohol testing.

   (2) The USNA ADEO shall coordinate with the Brigade Alcohol Detection Device Coordinator (ADDC) to submit monthly reports via the Director, Character Development & Training to the Deputy Commandant of Midshipmen testing positive, program feedback, and any areas for improvement of the program.

b. Brigade ADDC

   (1) A SEL will be assigned the collateral duty of Brigade ADDC. The ADDC is responsible for coordinating the use of ADDs in the Brigade and will provide training on the proper use of the ADDs. The Brigade ADDC is responsible for the administration of the alcohol-testing program, maintenance, chain of custody, and calibration of the ADDs.
(2) The Brigade ADDC shall provide eight randomized numbers to Main Office in sealed envelopes for Saturday, Sunday, Monday, and Tuesday (only if a three-day holiday weekend) testing to take place at the 0630 Command Duty Officer (CDO) muster.

(3) The Brigade ADDC shall submit monthly reports per enclosure (3) to the Deputy Commandant via Commandant's ADEO and Brigade Leading Chief Petty Officer (LCPO).

c. OOW/SDO

(1) The OOW/SDO is responsible for conducting testing during the 0630-weekend duty section muster on Saturday, Sunday, Monday and Tuesday if a holiday three-day weekend.

(2) The OOW/SDO will issue a Negative Form-1 counseling form to any midshipmen who is unable to assume their watch due to being not fit for duty. The purpose of the Negative Form-1 is to provide documentation of the incident to the midshipman's chain of command, so they can intervene and provide assistance if a pattern is noted. If a pattern is noted, the Company Officer has the discretion to take necessary conduct action.

(3) Following a positive test of unfit for duty, the OOW/SDO will inform the midshipman's Company Officer, the Commandant's ADEO, and the Conduct Officer for further action as soon as practical.

6. Random Alcohol Testing Procedures

a. Brigade Alcohol Testing Procedures:

(1) Alcohol testing will be conducted at the 0630 Weekend duty muster on Saturday, Sunday, Monday; if Monday is a holiday, testing will occur on Tuesdays as well. All duty drivers and eight additional random watchstanders will be subject to ADD testing each day. Eligible watchstanders include all Company Duty Officers, Battalion OOW, Regiment Midshipmen OOW, Company Midshipmen OOW, Midshipmen OOW, and duty drivers. The ADDC will provide the eight randomized numbers for each day to Main Office for that weekend’s testing that correspond to watch positions in enclosure (4).

(2) Additionally, any watchstander that is not present for muster or arrives late shall be subject to ADD testing.

(3) For the purposes of the random ADD testing, a Blood Alcohol Content (BAC) result of less than 0.02 shall be considered a negative result; this negative result does not preclude being held accountable based in accordance with this instruction based on other evidence, i.e. irresponsible behavior as a result of drinking, underage drinking, etc.

(4) If an initial positive result is greater than or equal to 0.04 for regular watchstanders, or greater than or equal to .02 for duty drivers, the midshipman should be retested after a 20-minute waiting period to allow the effect of mouthwash, breath mints, gum, or breath sprays that may
produce a detectable indicator of alcohol to be clear. If the second test is negative (<0.04 percent BAC or < .02 percent for duty drivers), then the midshipman is deemed fit for duty.

7. Fitness for Duty

a. **Fit for Duty.** A midshipman is fit for regular duties if their BAC is less than 0.04. A midshipman is fit for duty driver if their BAC is less than 0.02. A positive result equal to or above these thresholds will result in a midshipman being deemed “not fit for duty.” A midshipman is not fit for duty again until they attain a BAC of less than 0.02 for duty drivers and 0.04 for regular watchstanders.

b. **Not Fit for Duty.** A midshipman who is not fit for duty cannot assume the watch; the off-going watch will not be relieved. When they are deemed fit for duty, the midshipman can then conduct a relief of the off-going watch and commence their watch standing responsibilities. A midshipman is not fit for duty again until they attain a BAC of less than 0.02 for duty drivers and less than 0.04 for regular watchstanders.

(1) After the initial positive result that was equal to or above 0.04 BAC for regular watchstanders (and 0.02 for duty drivers), the midshipman will be tested 20 minutes after the initial test and subsequently every hour by the OOW/SDO until they are fit for duty (less than 0.04 percent BAC for regular watchstanders and less than 0.02 percent BAC for duty drivers). For example, a CDO whose test indicates a .05 BAC will be tested after 20 minutes; if resulting BAC is still equal to or over .04 BAC, that midshipmen will be tested hourly until the BAC result is below .04.

(2) Any watchstander unable to assume their watch due to being not fit for duty will receive a Negative Form-1 by the OOW/SDO. The purpose of the Negative Form-1 is to provide documentation of the incident to the midshipman’s chain of command, so they can determine appropriate conduct action, intervene and provide assistance if a pattern is noted. If a pattern is noted, the Company Officer has the discretion to submit the midshipman as a command referral to the Commandant’s Drug and Alcohol Program Advisor (DAPA).

(3) The midshipman who tested positive during their test will be required to report to the Commandant’s ADEO the first working day following their duty weekend. The Midshipman’s Company Officer as well as the Commandant’s ADEO and Conduct Officer will be informed of the Midshipman’s positive result as soon as practical by the OOW or SDO.

(4) For each midshipman deemed unfit for duty, the OOW or SDO shall submit a memorandum to the Brigade ADDC detailing the timeline of events and details using enclosure (5).

c. **Authority to Relieve the Watch:**

(1) If on-coming watch will not be fit for duty during that duty day due to the level of intoxication or fatigue, the OOW/SDO shall restrict that Midshipman to his room without Yard or town liberty for the rest of the weekend; and the off-going watch will remain on duty until a replacement is provided by the unfit Midshipman’s Company Officer.
(2) In the case that the off-going watchstander has an unavoidable travel or military obligations, the OOW has the authority to relieve the off-going watchstander with a suitable replacement until the Company Officer finds a relief or the assigned on-coming watchstander is declared fit for duty by the OOW/SDO.

(3) At no time will the Assistant CDO (ACDO) assume CDO responsibilities for a CDO who is unfit for duty; the purpose behind this limitation is to ensure that subordinates are not relieving unfit seniors and the burden for lack of preparedness for watch does not unnecessarily degrade the watch team’s experience or qualifications.

8. Administration

a. The Brigade ADDC possesses and maintains accountability of assigned ADDs. Each company will be assigned an ADD. The Brigade ADDC will be responsible for calibration of all devices and will take appropriate actions to correct all errors or other malfunctions occurring with the ADDs.

b. All personnel who are authorized to administer ADD testing shall be trained by the Brigade ADDC. The Brigade ADDC shall maintain a record of training conducted. Enclosure (1) will be utilized by the ADDC while conducting training and used as a resource as questions arise.

c. Following a watchstander being deemed unfit for duty, the OOW/SDO will record the timeline and details of the event in the duty logbook. When possible, the OOW/SDO will send the ADDC a memorandum using enclosure (5) to record the event.

d. Enclosure (2) should be utilized when a midshipman refuses to be tested. Midshipmen who refuse the test and complete the refusal form are subject to disciplinary actions under Conduct System Article 02.02 - Direct or intentional violation of oral or written orders addressed to an individual or group.

9. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.
9. Review and Effective Date. Per OPNAVINST 5215.17A, the Commandant’s ADEO will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or canceled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

D. S. FORMAN

Releasability and distribution: This instruction is cleared for public release and is available electronically via the USNA Commandant Web Page, https://www.usna.edu/Commandant/comdinst.php
USNA ALCOHOL DETECTION DEVICE USER GUIDE

1. Overview. The use of ADDs is intended to promote safety and provide education and awareness that complements other unit efforts to promote responsible use of alcohol and deter alcohol abuse. The ADD is a tool that can assist with identifying midshipmen who may require support before an incident occurs due to irresponsible use of alcohol. These devices will enhance the command awareness of the Midshipmen’s culture of alcohol use; educate midshipmen on the effects of their alcohol use decisions and self-impairment, and support unit safety.

2. Principles of Breath Testing

   a. Like all indirect tests, breath testing is based on the principle of equilibrium. The equilibrium between blood and breath takes place in the deepest part of the lungs, near tissues called the alveoli. The alveoli exchanges gases between the breath and the blood. They extract oxygen (and tobacco smoke, inhaled fumes, and other impurities) from the breath and pass it into the blood. They remove carbon dioxide and water vapor (and alcohol, nicotine, etc.) from the blood and pass it into the deep-lung breath where it can be exhaled from the body.

   b. Deep lung breath is called alveolar breath. It is the portion of the breath nearest to the alveoli. Alveolar breath establishes equilibrium with the blood, based on the water content of the alveoli and blood. The equilibrium ration is 2100 to 1. That is, a particular volume of breath (2100cc) contains as much alcohol as does a volume of blood (1cc).

   c. When you perform a breath test, it is important that you collect and analyze a sample of alveolar breath, since it is only deep-lung breath that maintains the 2100 to 1 equilibrium ratio with the blood. Breath from the upper part of the lungs and from the mouth is called tidal breath. Tidal breath is farther from the alveoli and receives less alcohol from the blood. As a person speaks and breathes shallowly, outside air constantly exchanges with tidal breath (flowing in and out, much like seawater with the tides). Therefore, tidal breath contains a lower alcohol concentration than does alveolar breath, and tidal breath does not stay in equilibrium with the blood.

   d. When a person exhales, he or she expels a mixture of tidal breath and alveolar breath. The first part of the exhalation consists almost entirely of tidal breath. As the exhalation continues, the person expels a higher proportion of alveolar breath. The average person must exhale for about five to six seconds before eliminating most of the tidal breath. The last part of his or her exhalations consists almost entirely of alveolar breath and provides a good sample for accurate measurement of BAC. If performed properly, a breath test is as accurate as a blood test.

3. Advantages

   a. Corroborates other evidence by demonstrating that the suspicion of alcohol influence is consistent with the administrator’s observations of the suspect’s mental and physical impairment.
b. Disclose the possibility of medical complications or impairment due to drugs other than alcohol. The breath test can confirm or deny that alcohol is the cause of the observed impairment. For example, observed psychophysical impairment coupled with a breath test result showing a very low BAC indicates an immediate need to investigate the possibility that the subject has ingested a drug other than alcohol or suffers from a medical condition.

4. **Accuracy limitations.** Although all ADDs currently used are reasonably accurate, they are subject to the possibility of error, especially if they are not used properly. There are factors that can affect the accuracy of the portable breath testing devices. Some of these factors tend to produce “high” test results; others tend to produce “low” results.

a. There are two common factors that tend to produce high results on a Preliminary Breath Test (PBT).

   (1) Residual mouth alcohol. After a person takes a drink, some of the alcohol will remain in the mouth tissues. If the person exhales soon after drinking, the breath sample will pick up some of this left-over mouth alcohol. In this case, the breath sample will be higher than the true BAC.

      (a) It takes 20 minutes for the residual alcohol to evaporate from the mouth. Evaporation cannot be accelerated by having the subject gargle with water or in any other way.

      (b) The only sure way to eliminate this factor is to make sure the subject does not take any alcohol for at least 20 minutes before conducting a breath test. Remember, too, that most mouthwashes, breath sprays, cough syrups, etc., contain alcohol and will produce residual mouth alcohol. Therefore, it is always best not to permit the subject to put anything in their mouth for at least 20 minutes prior to testing.

   (2) Breath Contaminants. Some types of portable breath tests might react to certain substances other than alcohol. For example, substances such as ether, chloroform, acetone, acetaldehyde and cigarette smoke conceivably could produce a positive reaction on certain devices. If so, the test would be contaminated and its result would be higher than the true BAC. Normal characteristics of breath samples, such as halitosis, food odors, etc., do not affect accuracy.

b. There are two common factors that tend to produce low PBT results.

   (1) Cooling of the breath sample. If captured breath sample is allowed to cool before it is analyzed, some of the alcohol vapor in the breath may turn to liquid and precipitate out of the sample. If that happens, the subsequent analysis of the breath sample will produce a low BAC result.

   (2) The composition of the breath sample. Breath compositions mean the mixture of the tidal breath and alveolar breath. Tidal breath is breath from the upper part of the lungs and the mouth. Alveolar breath is deep lung breath. Breath testing should be conducted on a sample of
the alveolar breath, obtained by having the subject blow into the PBT instrument until all air is expelled from the lungs.

5. Equipment. USNA utilizes LIFELOC brand ADDs.

   a. Key Assignment

      (1) Power. Located at the bottom of the front face. Hold for two seconds to turn off. Automatically shuts down after five minutes of inactivity.

      (2) Execute. Large button located in the right side of the display lens.

      (3) Function. Large button located on the left side of the device, under the display lens. Depressing this button allows the operator to change testing modes of the device as well as calibration settings, and results of the last test.

         (a) Passive Test (Primary Mode)
         (b) Auto test
         (c) Manual Test
         (d) Last Test result
         (e) Calibration
         (f) Test order (Passive-Auto-Manual)

      (4) +/- Small buttons located in the left side of the display lens, used only in the calibration process to adjust the standard (NOT FOR OPERATOR USE).

   b. Testing capabilities. The LIFELOC provides the flexibility to perform breath tests in any situation. The device has three modes.

      (1) Passive (PAS) – this is the primary mode of testing. This mode does not require a mouth piece; use this operation while conducting all tests. When a reading of POS is registered on the device, switch to AUTO mode to obtain a BAC reading.

      (2) Automatic (AUTO) – combines easy operation and high accuracy. The subject blows into a mouth piece and the LIFELOC device automatically takes a sample of the breath at the optimal time.

      (3) Manual (MAN) – used in rare situations where the subject does not have the capability of meeting the minimum breath flow rate or total volume standards. If a subject is incapable of blowing into the device a medical evaluation should be conducted.
6. Performing the test (Passive Mode)

   a. Start by observing the subject. The subject must be observed for a period of 20 minutes before a test is conducted. During this period, ensure the subject does not ingest anything into their mouth. If the subject does ingest anything the observation time must start over.

   b. Turn the device on by pressing the power button. The LIFELOC device will go through a series of self-diagnostic checks. **Note:** If the device is not at the correct temperature it will display “Internal Temperature;” you must wait until the device beeps and returns within the normal temperature limits before taking a test. Following this, the device will display “AUTO TEST” or “PASSIVE TEST” followed by a sequential number. The battery icon displays the level of charge. To use the Passive mode, press the function key until “PASSIVE TEST” appears in the top line of the window.

   c. For the passive mode do not use a mouth piece. Hold the LIFELOC device sample port (orange or white colored opening labeled Port on the back label of the device) about 4 inches from the subject’s mouth.

   d. Instruct the subject to take a deep breath and blow towards the port.

      (1) Press the execute button while the subject is blowing. The device will detect the presence of deep lung air and take a sample.

      (2) As the subject blows the screen will display a graph of the breath flow.

      (3) If there is no presence of alcohol the device will display “NEG”.

      (4) If alcohol is detected, it will be graphed on the device and “POS” will be displayed (if a “POS” is displayed, circle POS). You will then retest using AUTO mode, record results as described below.

   e. Test Results. Record the results in the screening log using enclosure (3).

   f. Press the function key to return to the test mode. The device needs one minute in between positive tests. If test was negative, move to the next subject without a waiting period.

   g. If the subject fails to provide a sufficient sample

      (1) The device will display <1.3L Retest or Try Manual Test. To clear the display press the execute key, the device will go through a clearing process, and reset itself to “Auto Test.”

      (2) If the subject fails to provide a sufficient sample:

         (a) Have the subject perform a second test. A 20-minute waiting period is not required.

         (b) After three attempts, perform the test using the manual test mode.
7. Performing the test (Automatic Mode)

a. Start by observing the subject. The subject must be observed for a period of 20 minutes before a test is conducted. During this period, ensure the subject does not ingest anything into their mouth. If the subject does ingest anything the observation time must start over.

b. Turn the device on by pressing the power button. The LIFELOC device will go through a series of self-diagnostic checks. Note: If the device is not at the correct temperature it will display "Internal Temperature;" you must wait until the device beeps and returns within the normal temperature limits before taking a test. Following this, the device will display "AUTO TEST" or "PASSIVE TEST" followed by a sequential number. The battery icon displays the level of charge. To use the Auto mode, press the function key until “AUTO TEST” appears in the top line of the window.

c. Attach a mouth piece. Remove the mouthpiece from its wrapper, making sure not to touch the end which the subject will be blowing into.

   (1) Attach the mouth piece to the port on the back by lining it up over the holes in the back.

   (2) Press in place, ensuring it fits snugly.

d. Instruct the subject to take a deep breath and exhale into the mouthpiece until the device beeps. Exhale firmly and steadily (not necessarily as hard as they can).

   (1) The device will automatically detect the presence of deep lung air and take a sample.

   (2) As the subject blows the screen will display a graph of the breath flow.

   (3) If alcohol is detected, it will be graphed on the device and a BAC reading will be displayed.

e. Test Results

   (1) After the device beeps, the test results will be displayed within six seconds.

   (2) Record the results in the screening log using enclosure (2). A BAC Result of less than 0.020 shall be considered a negative result.

f. Press the function key to return to the test mode. The device needs one minute in between positive tests. If the test was negative, move to the next subject without a waiting period.

g. If subject fails to provide a sufficient sample:
(1) The device will display <1.3L Retest or Try Manual Test. To clear the display press the execute key, the device will go through a clearing process, and reset itself to “Auto Test or Passive Test.”

(2) If the subject fails to provide a sufficient sample:

(a) Have the subject perform a second test. A 20-minute waiting period is not required.

(b) After three attempts, perform the test using the manual test mode.

8. Performing the test (Manual Mode)

a. Start by observing the subject. The subject must be observed for a period of 20 minutes before a test is conducted. During this period, ensure the subject does not ingest anything into their mouth. If the subject does ingest anything the observation time must start over.

b. Turn the device on by pressing the power button. The LIFELOC device will go through a series of self-diagnostic checks. Note: If the device is not at the correct temperature it will display “Internal Temperature;” you must wait until the device beeps and returns within the normal temperature limits before taking a test. Following this, the device will display “AUTO TEST” or “PASSIVE TEST” followed by a sequential number. The battery icon displays the level of charge. To use the Manual mode, press the function key until “MANUAL TEST” appears in the top line of the window.

c. Attach a mouth piece. Remove the mouthpiece from its wrapper, making sure not to touch the end which the subject will be blowing into.

(1) Attach the mouth piece to the port on the back by lining it up over the holes in the back.

(2) Press in place, ensuring it fits snugly.

d. Instruct the subject to take a deep breath and exhale into the mouthpiece until the device beeps. Exhale firmly and steadily (not necessarily as hard as they can).

(1) Press the execute button while the subject is blowing. The device will detect the presence of deep lung air and take a sample.

(2) If there is no presence of alcohol the device will display .000.

(3) As the subject blows the screen will display a graph of the breath flow.

(4) If alcohol is detected, it will be graphed on the device and BAC reading will be displayed.

e. Test Results
(1) After the device beeps, the test results will be displayed within six seconds.

(2) Record the results in the screening log using enclosure (2). A BAC Result of less than 0.020 shall be considered a negative result.

f. Press the function key to return to the test mode. The device needs one-minute in-between positive tests. If the test was negative, move to the next subject without a waiting period.

g. If the subject fails to provide a sufficient sample:

(1) The device will display <1.3L Retest or Try Manual Test. To clear the display, press the execute key, the device will go through a clearing process, and reset itself to “Auto Test or Passive Test.”

(2) If the subject fails to provide a sufficient sample

(a) Have the subject perform a second test. A 20-minute waiting period is not required.

(b) After three attempts, the subject will be treated as a refusing to take the test and the appropriate paperwork should be filled out using enclosure (2).

9. Calibration. Calibration of the device will expire monthly. The device must be calibrated prior to use after the expiration date, or after two failed calibration checks, by the program coordinator in accordance with manufactures procedures. Upon completion of the calibration the following information will be recorded and log maintained by the program coordinator.

<table>
<thead>
<tr>
<th>Test#</th>
<th>Date</th>
<th>Time</th>
<th>Name</th>
<th>Type</th>
<th>Results</th>
<th>Tester</th>
<th>CAL EXP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0026</td>
<td>1/19/2013</td>
<td>1400</td>
<td>L000526</td>
<td>DRY</td>
<td>.100/.100</td>
<td>YNC SMITH</td>
<td>2/19/2013</td>
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</tbody>
</table>

Note: If the calibration shows a variance greater than +/- .005 BAC of the standard used for the calibration, remove the device from service and contact the manufacturer.

10. Troubleshooting. Following are the error messages that may be seen on the LIFELOC device.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Interference</td>
<td>The device has detected external interference, e.g., RF interference</td>
</tr>
<tr>
<td>Error XXX</td>
<td>The device has detected a fault. Take the device out of service and notify the program coordinator. The program coordinator should contact LIFELOC tech support before returning the device to service.</td>
</tr>
<tr>
<td>Pump Failure</td>
<td>The device’s internal pump malfunctioned. Return to the initial state and try taking a test again. If this does not solve the problem, take the device out of service and notify the program coordinator. The program coordinator should contact LIFELOC tech support before returning the device to service.</td>
</tr>
<tr>
<td>Insufficient Breath</td>
<td>The subject has/did not completely exhale to the end of his lung capacity OR exhaled less than the required 1.3 liters. Instruct the subject to take a deep breath and exhale fully.</td>
</tr>
<tr>
<td>Low Battery</td>
<td>The battery level is low. Will need to change batteries shortly.</td>
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<tr>
<td>Check Power Supply</td>
<td>Replace batteries.</td>
</tr>
<tr>
<td>Temperature Out of Range</td>
<td>The device’s temperature is not within an acceptable range for testing and/or calibrating. Wait until the device reaches an acceptable level. Once in normal range, you will hear a beep and the device will return to normal mode.</td>
</tr>
</tbody>
</table>
UNITED STATES NAVAL ACADEMY ADD TEST REFUSAL FORM

Name: ____________________________________________

_____ 1. You are advised that per COMDTMIDNINST 5350.2F, you have been ordered to provide a sample of your breath for testing to determine the presence of alcohol in your system.

_____ 2. Having been advised of this above requirement and after having received an order from ___________________________ to provide a sample of your breath, you:

_____ a. Are refusing to provide a sample

_____ b. After three attempts, you have failed to provide a sample of your breath. Your failure to provide a sufficient sample may be considered the same as a refusal.

Name: _________________ Date: ___________ Time: ___________

Signature

Witness: ___________________________________________________
Printed Name/Signature

Witness: ___________________________________________________
Printed Name/Signature

Enclosure (2)
BRIGADE MONTHLY ADD TRAINING AND SCREENING RESULTS MEMORANDUM

MEMORANDUM

From: Rank/Name, Brigade Alcohol Detection Device Coordinator
To: Deputy Commandant of Midshipmen
Via: (1) Rank/Name, Director, Character Development and Training
     (2) Rank/Name, Naval Academy ADEO
     (3) Rank/Name, Brigade LCPO

Subj: BRIGADE MONTHLY ADD TRAINING AND SCREENING RESULTS FOR (Month)

<table>
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<tr>
<th>DATE</th>
<th>Number tested</th>
<th>NEG</th>
<th>POS</th>
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ADMINISTRATIVE NOTES:

1.

//s//
NAME

Enclosure (3)
### RANDOM NUMBER WATCHSTANDER LIST

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*All Duty drivers are to be tested.*

Enclosure (4)
MEMORANDUM

From: Staff Duty Officer or Officer of the Watch
To: Brigade Alcohol Detection Device Coordinator
Subj: BRIGADE POSITIVE ADD SCREENING RESULTS FOR DD MMM YR

OOW/SDO

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<tr>
<th>DATE</th>
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ADMINISTRATIVE NOTES:

1. The SDO conducted a monthly alcohol screening with CDOs, Duty Drivers, and BOOWs, RMOOWs, and MOOW on DD MONTH YEAR at 0600. XX Midshipmen were tested resulting in one positive BAC, 0.XXX. The Midshipmen with the positive BAC was placed in the OOW bunk room for 20 minutes. After retesting their BAC was 0.XXX. The Midshipman was/was not 21 years of age. A negative form one was issued by the OOW/SDO.

2. Training was conducted by the OOW and SDO with all watchstanders on the purpose of the ADD testing program, being free of the effects of alcohol prior to assuming responsibilities, responsible alcohol use, establishing a plan prior to consuming.

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Enclosure (5)