

Alcohol Calculation Questionnaire

Return to: Keith Borer Consultants
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 Durham DH1 1TW

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Solicitors' Firm:	
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PERSONAL DETAILS			
Name:			
Age when tested:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Height:		Time of driving/incident:	
Weight:			
Evidential Test Result:	Breath	Blood	Urine
Time of test/sampling:			
Please enclose test printout or certificate of analysis			

INSTRUCTIONS TO EXPERT	
Drunk in charge	Please state the intended time of driving: <input type="text"/>
Driving whilst over the prescribed limit	Please calculate the effect of:
	Spiked drinks <input type="checkbox"/>
	Post driving drinking <input type="checkbox"/>
	Please calculate the likely alcohol level at (time): <input type="text"/>
	Medications <input type="checkbox"/>

Alcohol consumed BEFORE driving/incident:			
Date	Time	Amount (e.g. pints, measures, can/bottle size)	Type (give brand name if known)

Alcohol consumed AFTER driving/incident:			
Date	Time	Amount (e.g. pints, measures, can/bottle size)	Type (give brand name if known)

Comments (e.g. which of the above drinks were consumed unwittingly)

Please note: changes to instructions or information provided will incur additional costs