

Driver Alcohol Detection System for Safety – Field Operational Test

Test Day Questions

This collection of information is voluntary and will be used to for individuals participating in this study. Public reporting burden for this survey is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We will not collect any personal information that would allow anyone to identify you. Please note that a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. The OMB control number for this collection is number 2127-XXXX.

1. Self-reported last time consuming alcohol, and amount
2. Note any food and liquid consumed during the drive
3. Waypoint dosing: time, any co-occurrence of exercise/activity, length of time, type and amount of alcohol consumed
4. Note challenges to completing the test
5. Note anything non-routine about the test
6. Not able to complete test and reason why
7. Note if the drive was aborted and why
8. Note if the route was altered and why