**F1 INTRODUCTION AND GENERAL GUIDANCE**

*Note*: 1. This form is for use by authorised police officers during the application of Field Impairment Tests on a subject who has voluntarily agreed to participate. Where a test is abandoned the reasons should be recorded in Additional Particulars at F9. If the questions are read from a card, the wording must be identical to those used in this form and the card must remain available for production at court. A record of any medical condition or disability claimed at any time during the tests, and a record or any response or gesture made to any question or at any other time, must be recorded in Additional Particulars.

2. If there is sufficient evidence of driving whilst unfit through drugs, the person should be arrested and cautioned before any Field Impairment Test is requested.

**F2**

"I would like you to perform a series of tests to enable me to ascertain whether there are grounds to suspect your ability to drive is impaired by drink or drugs. **(I must tell you that you are not under arrest and you need not remain with me.)** You are not obliged to participate in the tests but if you do participate, the results may be given in evidence. The tests are simple and part of my evaluation will be based on your ability to follow instructions. If you do not understand any of the instructions, please tell me so that I can clarify them.” **Not to be read if the person has already been arrested**

“Do you understand?”

*YES/NO

“Do you agree to participate in these tests?”  *(See Notes at F1)*  

*YES/NO

“As I explain the tests to you, if you have any medical condition or disability which may affect your ability to undertake the test or its result, please tell me before the test is started.”

“Do you understand?”

*YES/NO

“Do you have any medical condition or disability that you wish to tell me about before I start the tests?”  *(See Notes at F1)*

*YES/NO

**F3 RELEVANT DETAILS**

<table>
<thead>
<tr>
<th>EVALUATION DATE</th>
<th>TIME TEST STARTED</th>
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LOCATION

WEATHER CONDITIONS

STREET LIGHTS - INDICATE COLOUR

LIGHTING CONDITIONS

INDICATE: *DUSK/TWYLIGHT/DAWN

TYPE OF SURFACE USED

Indicate *WET/DRY

TYPE OF FOOT WEAR WORN

SUBJECT’S NAME

DATE OF BIRTH

MALE/FEMALE*

* Delete as Applicable
**PUPILLARY EXAMINATION**

“I am going to examine the size of your pupils, comparing them to this gauge, which I will hold up to the side of your face. All I require you to do is look straight ahead and keep your eyes open”.

“Do you understand?” *YES/NO*

Indicate ‘L’ and ‘R’ on the pupil gauge for pupil size as appropriate

(A pupil size between 1.0 – 2.5 normally indicates constriction)

(A pupil size between 7.0 – 9.0 normally indicates dilation)

Note condition of eyes: Watery – *YES/NO Reddening - *YES/NO

**ROMBERG TEST**

“Stand up straight with your feet together and your arms down by your sides. Maintain that position while I give you the remaining instructions. Do not begin until I tell you to do so. When I tell you to start, you must tilt your head back slightly and close your eyes (demonstrate but do not close your eyes). Keep your head tilted backwards with your eyes closed until you think that 30 seconds has passed, then bring your head forward and say ‘Stop’”.

“How long was that?".........................

“Do you understand?” *YES/NO

ABLE TO STAND STILL DURING INSTRUCTIONS: *YES/NO

EXCESSIVE BODY SWAY SEEN: *YES/NO

INTERNAL BODY CLOCK: 30 SECONDS AT .......................SECS

ABLE TO COMPLETE TEST: *YES/NO

COMMENTS:

**WALK AND TURN TEST**

Identify a real or imaginary line. Do not use a kerb or anywhere the subject may fall.

“Place your left foot on the line. Place your right foot on the line in front of your left touching heel to toe (demonstrate). Put your arms by your sides and keep them there throughout the entire test. Maintain that position whilst I give you the remaining instructions”.

“How do you understand?” YES/NO*
“When I say start, you must take nine heel to toe steps along the line. On each step the heel of the foot must be placed against the toe of the other foot (demonstrate). When the ninth step has been taken, you must leave the front foot on the line and turn around using a series of small steps with the other foot. After turning you must take another nine heel to toe steps along the line. You must watch your feet at all times and count each step out loud. Once you start walking do not stop until you have completed the test”.

(demonstrate complete test)

“Do you understand?”

*YES/NO

Able to stand still during instructions:  *YES/NO
Start too soon:  *YES/NO  Stops walking:  *YES/NO
Turn:  *Correct/Incorrect
Misses heel/toe:  *YES/NO  Steps off line:  *YES/NO
Raises arms:  *YES/NO  Correct step count:  *YES/NO

Notes:

F7 ONE LEG STAND TEST

“Stand with your feet together and your arms by your sides. Maintain that position while I give you the remaining instructions. Do not begin until I tell you to start.”

“Do you understand?”

*YES/NO

“When I tell you to start you must raise your right foot six to eight inches off the ground, keeping your leg straight and your toes pointing forward, with your foot parallel to the ground (demonstrate). You must keep your arms by your sides and keep looking at your elevated foot while counting out loud in the following manner, ‘one thousand and one, one thousand and two’ and so on until I tell you to stop.”

“Do you understand?”

*YES/NO

Repeat procedure with each foot
**IMPAIRMENT ASSESSMENT**

**Section 4 RTA 1988**

**Form MG DD/F**

**Version 4.2 Sept 2001**

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<tr>
<th>SWAYS</th>
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<th>PUTS FOOT DOWN</th>
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<th>RAISES ARMS</th>
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<td></td>
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<td>YES/NO</td>
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</table>

If YES - record at what point(s) in the count that it occurred i.e. one thousand and six (1006)

**F8  FINGER AND NOSE TEST**

“Stand with your feet together and your arms in this position. *(demonstrate extending both hands out in front, palms side up and closed with the index finger of both hands extended).* Maintain that position while I give you the remaining instructions. Do not begin until I tell you to start. When I tell you to start you must tilt your head back slightly *(demonstrate)* and close your eyes. When I tell you which hand to move, you must touch the tip of your nose with the tip of that finger and lower your hand once you have done so *(demonstrate)*.

“Do you understand?”

*YES/NO

Call out the hands in the following order, left, right, left, right, right, left.

- **EXCESSIVE BODY SWAY:** YES/NO
- **CORRECT HAND USE:** YES/NO
- **ADDITIONAL COMMENTS:**

![Diagram of Face]

**F9  ADDITIONAL PARTICULARS** *(including brief circumstances) (see notes at F1)*

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*Continue on blank paper if required.*

**F10  Arresting Officer** ..........................Time Test Completed ............

**Officer Conducting Test** ................. Laminated Card used *YES/NO

* Delete as Applicable