New Jersey State Police
Horizontal Gaze Nystagmus Log

Officer's Name: _____ **Agency:** _____

Email Address: _____ **Cell Phone Number**: _____

SFST Class #: _____ **Location:** _____ **Instructor:** _____

DWI #	Date	Defendant's Name & D.O.B.	Summons # or Training #	Arresting Officer ID #	Estimate BAC + or - .08%	Actual B.A.C.	Time

Rev. 09/2013

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