



NEW JERSEY DRUG RECOGNITION EXPERT PROGRAM LOG OF DRUG INFLUENCE EVALUATIONS

Drug Recognition Expert: **YOUR NAME HERE**

Agency: **YOUR AGENCY HERE**

IACP Certificate Number: **DRE000000**

Control Number	Suspect's Name	DOB	A G E	Case Number	Date/ Time	Opinion of DRE	Tox Type	Tox Results	Misc	Role **
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Rolling Log # ex. Three sets of numbers 18-01-001				IF Training Evaluation use Camden / Paterson Control Number		CATEGORY OR CATERGORIES	U = Urine B = Blood R = Refusal	Exactly what the lab result states Specific drugs, metabolites Ex. THC-COOH, cocaine, opiate, benzodiazepine	List Instructors Scribe Evaluator (if not you) Ex. I – Mike Gibson E – John Smith (Partner or another DRE)	<small>Your Role ** See bottom of the page</small>
18 = The year										
01 = # evals in that year										
001 = # evals in career										

****ROLE** (LIST ALL THAT APPLY): E=Evaluator, S=Scribe, O=Observer, ST=Student, I=Instructor**



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