

**Ignition Interlock Device (IID)**

**Service Center (SC)**

**Items of Audit**

Address correct (matches DPS file): Yes:  No:

Notice of Audit signed: Yes:  No:

Authorization by the Dept. under this act & chapter visibly displayed on site: Yes:  No:

Information to make a complaint sign visibly displayed in the waiting area: Yes:  No:

Waiting area within requirements: Yes:  No:

Approved equipment / tools required for installation present: Yes:  No:

IID device used?

ACS ADS Best Labs CST Draeger Guardian Life Safer Smart Start

Does the service center have a mobile unit(s) for temporary locations: Yes:  No:

- Can install and service an IID

Records of calibration tests located on site: Yes:  No:

- Includes each device upon install and each service date Yes:  No:

Solutions stored in a manner that maintains their integrity of calibration Yes:  No:

Records maintained on the removal of any device located on site: Yes:  No:

Liability insurance meets requirements: Yes:  No:

- \$1,000,000 per occurrence and \$3,000,000 aggregate total

Records maintained for complaints relating to the operation of the IID:

- Name of Customer Yes:  No:
- Judicial Authority ordering the installation Yes:  No:
- Date of complaint Yes:  No:
- Nature of complaint Yes:  No:
- Identification of information relating to the testing device Yes:  No:
- Name of individual receiving the complaint Yes:  No:

Records maintained for the responses to customer complaints:

- Action taken to address the complaint Yes:  No:
- Action taken to resolve the complaint Yes:  No:
- Date and Name of the person who resolved the complaint Yes:  No:

Contact person cooperative: Yes:  No: