

# Ignition Interlock Device (IID)

## Service Center (SC)

### Items of Audit

Address correct (matches DPS file):

Yes:  No:

Notice of Audit signed:

Yes:  No:

Certificate issued by the DPS visibly displayed on site:

Yes:  No:

Consumer Complaint sign displayed in the waiting area:

Yes:  No:

Liability insurance meets requirements:

Yes:  No:

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

Expiration date: \_\_\_\_\_

Waiting area separate from the installation area / out of customer view:

Yes:  No:

All necessary equipment / tools present:

Yes:  No:

#### **IID Devices:** (mark all that apply)

- A&A     ACS     ADS     AAT     BEST     Blow&Drive  
 Clean Start     Drager     Guardian     Instant     Intoxalock     LifeSafer  
 Low Cost     Monitech     Simple     Skyfine     Smart Start

#### **Other Equipment / Tools:** (mark all that apply)

- Dry Gas -Expires: \_\_\_\_\_     Wet Bath     Solution -Expires: \_\_\_\_\_  
 Anti-tampering tape     Connections and / Sleeves for wires

Canisters /Solutions stored in a manner that maintains their integrity of calibration:

Yes:  No:

- Cool dry area/Temp btw 50° - 104° F/Closed containers / Out of direct sunlight

Does the SC have a mobile vehicle installation unit(s) for temporary location(s):

Yes:  No:

If yes, installation is performed in a manner that is out of the customer's view:

Yes:  No:

Records of calibration tests located on site:

Yes:  No:

- Includes each device upon install and each service date

Yes:  No:

Records maintained on the removal of any device located on site:

Yes:  No:

Record system maintained for formal written complaints:

Yes:  No:

- Relating to the operation of a court ordered IID device
- Originating from a Judicial Authority or DPS Contact Center

- Date of complaint / Name of Customer / Judicial Authority ordering the installation
- Nature of complaint / Identification of information relating to the testing device
- Name of individual receiving the complaint

Average number of complaints per month: \_\_\_\_\_

Record system maintained for the responses to formal written complaints:

Yes:  No:

- Action taken to address and resolve the complaint
- Date and Name of the person who resolved the complaint

Contact person cooperative:

Yes:  No: