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	AGE	Case Number	Date/ Time	Opinion of DRE	Tox Type	Tox Results	Misc	Role **
Rolling Log # ex. Three sets of numbers 20-001-0001				**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)**	Your Role See bottom of the page
20 = The year										
001 = # evals in that year										
0001 = # evals in career										

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

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