

Pittsford Central School District
Alco Sensor Use Form

Name: _____ School: _____

Date: _____ Time: _____

Indications for suspected ingestion of alcohol: _____

Parents Contacted: Yes No Name: _____

Consent received? Yes No If yes, action taken: _____

Reading: Positive _____ Negative _____

Action Taken: _____

Signature

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