State of Idaho Impaired Driving Program
LEPP

LOG OF BLOOD DRAWS

**PHLEBOTOMIST NAME**: PAGE:
DATE TRAINING COMPLETED:

| CONTROL NUMBER | SUSPECT'S NAME | CR NUMBER | DATE | REQUESTING OFFICER/AGENCY | WITNESSES/ COMMENTS | METHOD/SUCCESS |
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LEPP BLOOD DRAW LOG Page _____

| CONTROL NUMBER | SUSPECT'S NAME | CR# | DATE | REQUESTING AGENCY/OFFICER | WITTNESSES/COMMENTS | METHOD/SUCCESS |
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