

South Carolina Department of Probation, Parole and Pardon Services
Ignition Interlock Device Program
DRIVER CHECKLIST



COMPANY INFORMATION			
Service Center Name:			
Date of Installation:			
Name of Technician:			
YOUR INFORMATION			
Name:		Date:	
Contact Number:		Driver's License #:	

YES	CHECKLIST	IF NO, EXPLAIN BELOW
<input type="checkbox"/>	Was the waiting area clean, neat, and comfortable?	
<input type="checkbox"/>	Were you shown the manufacturer video on how to use the device?	
<input type="checkbox"/>	Were you shown the SCIIDP video?	
<input type="checkbox"/>	Were you provided a 24 hour toll free number for emergencies?	
<input type="checkbox"/>	Were you given disposable mouthpieces? If so how many?	
<input type="checkbox"/>	Were you and anyone else who will be driving the vehicle trained on the use of the IID?	
<input type="checkbox"/>	Did you receive a list of written instructions on how to clean and care for the IID?	
<input type="checkbox"/>	Did you practice blowing into the device prior to leaving the service center?	
<input type="checkbox"/>	After being trained on the device, do you feel confident in using the IID?	
<input type="checkbox"/>	Was the technician knowledgeable in answering any questions you had, if any?	
<input type="checkbox"/>	Are you able to hear the device sound sequences while submitting breath samples?	
<input type="checkbox"/>	Were all of your questions answered at the time of service?	

I understand that if I have any questions about the device, I will contact the manufacturer and if I have any questions about the program I will contact the South Carolina Ignition Interlock Device Program.

Your Name (Print): _____ Signature: _____

Technician Name (Print): _____ Signature: _____

Contact Us:

If you have any additional questions, comments, or concerns please contact the Ignition Interlock Program at (803) 734-0019 or e-mail at ignition@ppp.sc.gov.