



STATUTORY INSTRUMENTS.

**S.I. No. 370 of 2017**



ROAD TRAFFIC ACT 2010 (IMPAIRMENT TESTING) (AMENDMENT)  
REGULATIONS 2017

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ROAD TRAFFIC ACT 2010 (IMPAIRMENT TESTING) (AMENDMENT)  
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I, SHANE ROSS, Minister for Transport, Tourism and Sport, in exercise of the powers conferred on me by section 11(4) (amended by section 12 of the Road Traffic Act 2016 (No. 21 of 2016)) of the Road Traffic Act 2010 (No. 25 of 2010), hereby make the following regulations:

1. (1) These Regulations may be cited as the Road Traffic Act 2010 (Impairment Testing) (Amendment) Regulations 2017.

(2) These Regulations come into operation on 8 August 2017.

2. The Road Traffic Act 2010 (Impairment Testing) Regulations 2014 (S.I. No. 534 of 2014) are amended:

(a) by the substitution of the following for Regulation 2:

“In these Regulations, ‘subsections (1) and (2) of section 11’ means subsections (1) and (2) of section 11 (amended by section 12 of the Road Traffic Act 2016 (No. 21 of 2016)) of the Road Traffic Act 2010 (No. 25 of 2010).”;

(b) in Regulation 3, by the substitution of “subsections (1) and (2) of section 11” for “section 11 (1)”;

(c) in Regulation 4, by the substitution of “subsections (1) and (2) of section 11” for “section 11 (1)”;

(d) by the substitution of the following Schedule for Schedule 2 to those Regulations:

“SCHEDULE 2

IMPAIRMENT TESTING

SECTION 11 ROAD TRAFFIC ACT 2010, as amended

**1. INTRODUCTION AND GENERAL GUIDANCE**

This form is for use by members of An Garda Síochána during the application of an Impairment Test on a subject who has been required to cooperate. Where a test is abandoned the reasons should be recorded. A record of any medical condition or disability claimed at any time during the tests, and a record or any response or gesture made to any question or at any other time, must be

*Notice of the making of this Statutory Instrument was published in  
“Iris Oifigiúil” of 11th August, 2017.*

recorded. Only a 'Pupillary Gauge' as approved for use by the Commissioner will be used for the Pupillary Examination. The 'Pupillary Gauge' used must be retained for production at court if required.

**2. RELEVANT DETAILS OF IMPAIRMENT TEST**

Date ..... Time Started..... Time Completed.....

Location of Test—

i) Garda Station (please specify station).....

ii) Other (please specify).....

If the location is not a Garda Station, please complete items (a)-(f) following:

(a) Weather Conditions: Fine/ Rain/ Snow/ Wind\* (b) Type of Surface Used:..... (Indicate Wet/ Dry\*)

(c)Type of Footwear Worn: ..... (d) Lighting Conditions: Daylight/ Twilight/ Darkness\*

(e) Street Lights Indicate Colour: ..... (f) If Street Lighting: Adequate/ Underlit\*

Name:..... Date of Birth: ..... Male/ Female\*

Address: .....

Requiring Member: ..... Rank:..... Registered No. ....

(Member making requirement under Section 11(1) or (2) Road Traffic Act 2010, as amended)

I.T Member:..... Rank:..... Registered No: .....

(Member carrying out the Impairment Test under Regulations in accordance with Section 11(4) Road Traffic Act 2010, as amended)

\_\_\_\_\_  
\*Delete as appropriate

**3. GENERAL NOTES**

**4. PUPILLARY EXAMINATION**

*“I am going to examine the size of your pupils, comparing them to this gauge, which I will hold up to the side of your face. All I require you to do is look straight ahead and keep your eyes open wide”.*

*“Do you understand?”* YES/ NO\* Comment.....

*“Are you wearing Contact Lenses?”* YES/ NO\* Comment.....

PUPIL SIZE LEFT..... mm    WATERY..... YES/ NO\*

PUPIL SIZE RIGHT ..... mm    REDDENING ..... YES/ NO\*

**A pupil size: 1.0 — 2.5 (inclusive) normally indicates constriction. 7.0 — 9.0 (inclusive) normally indicates dilation.**

Additional Comments .....

**5. MODIFIED ROMBERG BALANCE TEST**

*“Stand up straight with your heels and toes together and your arms down by your sides (demonstrate). Maintain that position while I give you the remaining instructions. Do not begin until I tell you. When I tell you, tilt your head back slightly, close your eyes (**demonstrate but do not close your eyes**). When you think 30 seconds has passed, bring your head forward, open your eyes and say ‘Stop’.”*

*“Do you understand?”* YES/ NO\* Comment.....

*“Do you have any disability or medical condition that prevents you from participating in this test?”*

\_\_\_\_\_  
\*Delete as appropriate

Reply.....

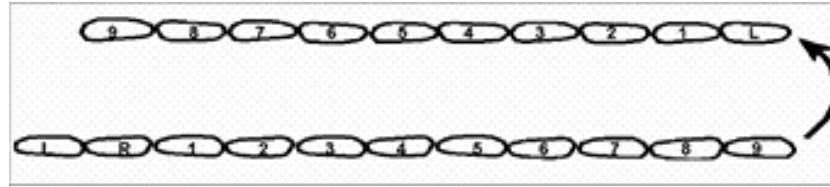


**START:**

**ABLE TO BALANCE DURING INSTRUCTIONS:** YES/ NO\* .....

**IF NO:** STEPS  SWAYS  RAISES ARMS  STARTS TOO SOON

**COMPLIED WITH INSTRUCTIONS** YES/ NO\* **IF NO** .....



**Any deviation from the instructions should be indicated as below and on the diagram above**

- |   |  |   |  |
|---|--|---|--|
| 1. STOPS WALKING <input type="checkbox"/> | 2. MISS HEEL/ TOE <input type="checkbox"/> | 3. RAISES ARMS <input type="checkbox"/> | 4. STEPS OFF LINE <input type="checkbox"/> |
|---|--|---|--|

**CORRECT TURN:** YES/ NO\* Comment.....

**IF NO: STATE REASON** .....

**COUNTS OUT LOUD:** YES/ NO\* Comment .....

**CORRECT STEP COUNT:** YES/ NO\* Comment .....

**IF NO:** TO TURN  FROM TURN

Additional Comments .....

**7. ONE LEG STAND TEST**

*“Stand with your feet together and your arms down by your sides (**demonstrate**). Maintain that position while I give you the remaining instructions. Do not begin until I tell you.”.*

“Do you understand?” YES/ NO\* Comment .....

\_\_\_\_\_  
\*Delete as appropriate

*“When I tell you to you must raise your right foot 6 to 8 inches (or 15 to 20 cms) off the ground, keeping your leg straight and your toes pointing forward, with your foot parallel to the ground (**demonstrate**). You must keep your arms down by your sides and keep looking at your raised foot while counting out loud in the following manner, ‘one thousand and one, one thousand and two’ and so on until I tell you to stop.”.*

“Do you understand?” YES/ NO\* Comment .....

“Do you have any disability or medical condition that prevents you from participating in this test?”

Reply.....

**Repeat procedure with each foot.**

**START:**

**ABLE TO BALANCE DURING INSTRUCTIONS: YES/ NO\* .....**

**IF NO:**               STEPS                SWAYS                RAISES ARMS

**COMPLIED WITH INSTRUCTIONS: YES/ NO\* IF NO:.....**

LEFT                   SWAYS            HOPS            PUTS FOOT           RAISES  
LEG    DOWN            ARMS   
Time  
(seconds)

RIGHT                   SWAYS            HOPS            PUTS FOOT           RAISES  
LEG    DOWN            ARMS   
Time  
(seconds)

**COUNTED CORRECTLY: YES/ NO\* Comment.....**

Additional Comments .....

\_\_\_\_\_  
\*Delete as appropriate

**8. FINGER AND NOSE TEST**

*“Stand with your feet together and your arms in this position (**demonstrate extending both hands out in front, palms side up and closed with the index finger of both hands extended**). Maintain that position while I give you the remaining instructions. Do not begin until I tell you. When I tell you, you must tilt your head back slightly and close your eyes (**demonstrate**, but do not close your eyes). When I tell you which hand to move, you must touch the tip of your nose with the tip of that finger and lower your hand once you have done so (**demonstrate**)”.*

“Do you understand-” YES/ NO\* Comment.....

“Do you have any disability or medical condition that prevents you from participating in this test-”

Reply.....

**START: Call out the hands in the following order, left, right, left, right, right, left.**

	1	2	3		
<b>CORRECT HAND USE</b>	YES/ NO*	YES/ NO*	YES/ NO*	2	1
	4	5	6	5	6
	YES/ NO*	YES/ NO*	YES/ NO*		

**ABLE TO BALANCE DURING INSTRUCTIONS: YES/ NO\* .....**

**IF NO:**            STEPS             SWAYS             RAISES ARMS

**9. OVERALL ASSESSMENT**

**SUBJECT: IMPAIRED / NOT IMPAIRED\***

**10. SIGNATURES**

I.T. Member: ..... Rank: ..... Registered No.: .....

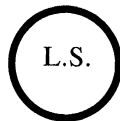
(Member carrying out the Impairment Test under Regulations in accordance with Section 11(4) Road Traffic Act 2010, as amended.)

Member: ..... Rank:..... Registered No.: .....

(completing form if different)

\_\_\_\_\_  
\*Delete as appropriate

”



GIVEN under my Official Seal,  
8 August 2017.

SHANE ROSS,  
Minister for Transport, Tourism and Sport.



EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation).*

These regulations amend the form for recording results of non-technological cognitive impairment tests which may be carried out on drivers to test for impairment in accordance with section 11 of the Road Traffic Act 2010 (No. 25 of 2010), as amended by section 12 of the Road Traffic Act 2016 (No.21 of 2016). Changes to the form are technical and take account of amendments to section 11.

BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ó  
FOILSEACHÁIN RIALTAIS,  
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2  
(Teil: 01 - 6476834 nó 1890 213434; Fax: 01 - 6476843)  
nó trí aon díoltóir leabhar.

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