TITLE 13. PUBLIC SAFETY

CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY
ALCOHOL TESTING

(Authority: A.R.S. §§ 28-1322 through 28-1326 and 41-1713)

Editor's Note: This Chapter, consisting of Article 1, Sections R13-10-101 through R13-10-109, Exhibits A through D, Exhibits E-1, through E-6, F-1 through F-5, G-1 through G-6, and H-1, through H-4, made by final rulemaking at 12 A.A.R. 1916, effective May 18, 2006 (Supp. 06-2).

ARTICLE 1. DETERMINATION OF ALCOHOL CONCENTRATION

Article 1, consisting of Sections R13-10-101 through R13-10-109, Exhibits A through D, and Exhibits E-1 through E-6, F-1 through F-5, G-1 through G-6, and H-1 through H-4, made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Section

ARTICLE 1. DETERMINATION OF ALCOHOL CONCENTRATION

R13-10-101. Definitions

In this Article, unless the context otherwise requires:

1. "Alcohol concentration" or "AC" means grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath.
2. "Analyst" means an individual who has been issued an analyst permit by the Department to use approved methods to make alcohol concentration determinations from blood or other bodily substances.
3. "Analyst permit" means a document issued by the Department indicating the permit holder has been found qualified to utilize an approved method in the determination of alcohol concentrations.
4. "Analytical procedure" means a series of operations utilized by an analyst when employing an approved method in the determination of alcohol concentration.
5. "Calibration Check" means an operation utilizing a standard alcohol concentration solution to determine whether a device is accurately measuring alcohol concentrations that is performed as a Standard Calibration Check Procedure by a Quality Assurance Specialist at least every 31 days or performed as Concurrent Calibration Check Procedures by an Operator within a successfully completed test sequence bracketing a duplicate breath test.
6. "Concurrent Calibration Check Procedure" means an operation performed by an Operator, utilizing a standard alcohol concentration solution, within a successfully completed test sequence to determine whether a device is accurately measuring alcohol concentration during a duplicate breath test.
7. "Concurrent Quality Assurance Procedure" means operations performed by an Operator, including a Concurrent Calibration Check Procedure and diagnostic checks, within a successfully completed test sequence to determine whether a device is accurately and properly measuring alcohol concentration during a duplicate breath test.
8. "Deprivation period" means at least a 15-minute period immediately prior to a duplicate breath test during which period the subject has not ingested any alcoholic beverages or other fluids, eaten, vomited, smoked or placed any foreign object in the mouth.

9. "Determination" means an analysis of a specimen of blood, breath, or other bodily substance and expressing the results of the analysis in terms of alcohol concentration.
10. "Device" means a breath testing instrument.
11. "Duplicate breath test" means two consecutive breath tests that immediately follow a deprivation period, agree within 0.020 AC of each other, and are conducted at least five and no more than 10 minutes apart.
12. "Instructor" means a person approved by the Department to provide breath test training to prospective Operators and Quality Assurance Specialists on a specific approved device.
13. "Method" means an analytical technique utilized by an analyst or a device to make an alcohol concentration determination (e.g. gas chromatography, infrared spectrophotometry, or specific fuel cell detection.)
14. "Operator" means a person who has been issued an Operator permit from the Department to operate a specific approved device for the purpose of determining an alcohol concentration from a specimen of breath and to perform the Concurrent Quality Assurance Procedures, Concurrent Calibration Check Procedures, and diagnostic checks to determine whether a device is operating accurately and properly.
15. "Operator Permit" means a document issued by the Department indicating that the permit holder has been found qualified to operate and perform the associated Quality Assurance Procedures on a specific approved device.
16. "Periodic Maintenance" means a Quality Assurance Procedure consisting of either of the following, which determines whether a device is operating accurately and properly:
    a. Standard Calibration Check Procedure and Standard Quality Assurance Procedure, or
    b. Concurrent Calibration Check Procedures and Concurrent Quality Assurance Procedures performed within a successfully completed test sequence bracketing a duplicate breath test.
17. "Preliminary breath test" means a pre-arrest breath test.
18. "Preliminary breath tester" or "PBT" means any approved device used prior to an arrest for the purpose of obtaining a determination of alcohol concentration from a specimen of breath and includes any device included on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Measurement Devices as incorporated by reference in R13-10-103(F).
19. "Procedure" means a series of operations used by an Operator or a Quality Assurance Specialist when employing an approved device in the determination of alcohol concentration or performing associated quality assurance testing.
20. "Quality Assurance Procedure" means Periodic Maintenance consisting of either of the following, which determines whether a device is operating accurately and properly:
    a. Standard Calibration Check Procedure and Standard Quality Assurance Procedure, or
    b. Concurrent Calibration Check Procedures and Concurrent Quality Assurance Procedures performed within a successfully completed test sequence bracketing a duplicate breath test.
21. "Quality Assurance Specialist" means a person who has been issued a Quality Assurance Specialist permit from the Department to perform the Standard Calibration Check Procedure and the Standard Quality Assurance Procedure to determine the accurate and proper operation of a specific approved device.
22. "Quality Assurance Specialist permit" means a document issued by the Department indicating that the permit holder has been found qualified to perform the Standard Calibration Check Procedure and the Standard Quality Assurance Procedure on a specific approved device.
23. "Standard Calibration Check Procedure" means operations performed by a Quality Assurance Specialist, at least every 31 days, to determine whether a device is accurately measuring alcohol concentration.
24. "Standard Operational Procedure" means operations performed by an Operator for the purpose of determining an alcohol concentration from a specimen of breath.
25. "Standard Quality Assurance Procedure" means operations performed by a Quality Assurance Specialist, at least every 90 days.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-102. Analyst Methods; Approval of Additional Methods

A. An analyst shall use one of the following methods to analyze blood or other bodily substances to determine a person's alcohol concentration:
    1. Gas chromatography, or
    2. Another method that has been approved by the Director under the procedure in subsections (B) and (C).

B. An applicant for an analyst permit may submit, with the permit application, a request that the Director approve a method other than a method approved under subsection (A)(1) or (2).

C. For a method to be approved by the Director, the method's accuracy and reproducibility shall comply with the following standards:
    1. The test results of samples with a standard alcohol concentration shall agree with the established value within the limits of ± 0.01 grams per 100 milliliters of blood or ±10 percent, whichever is greater.
    2. The accuracy and precision shall be determined on the basis of ten measurements at four alcohol concentrations between 0.020 and 0.350 grams per 100 milliliters of blood, to include at least one value < 0.100 and one value > 0.250.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-103. Breath-testing Devices

A. The Director may approve devices used to determine alcohol concentration from breath after the Department successfully tests a typical model of the device for compliance with the standards in subsection (B).

B. A device shall meet the following standards of performance:
    1. Breath specimens tested shall be alveolar in composition.
    2. The device shall be capable of analysis of a solution of known alcohol concentration with an accuracy limit of a systematic error of no more than ± 0.005 grams per 210 liters of breath or ± 5 percent, whichever is greater, and a precision limit of an average standard deviation of no more than 0.0042 grams per 210 liters of breath. The accuracy and precision of the device being evaluated shall be determined on the basis of 10 consecutive mea-

surements at 4 alcohol vapor concentrations that are between 0.020 and 0.350 grams per 210 liters of breath, to include at least one value < 0.100 and one value > 0.250.

3. The device shall be capable of testing a breath sample that results in alcohol concentrations of less than 0.01 grams per 210 liters of breath when alcohol-free subjects are tested.

C. The Department, upon specific findings that a device, method, or breath test procedure is inaccurate, unreliable, or is an unacceptable test for determining alcohol concentration or that its use has been discontinued in the state, shall disapprove in writing further use of the device, method, or procedure.

D. The methods approved by the Director for use by a device to determine alcohol concentration are infrared spectrophotometry and specific fuel cell detection.

E. The following devices are approved by the Director:

Device/Model	**Manufacturer**
Intoxilyzer Model 5000 with or without Vapor Recirculation and with or without Keyboard	CMI, Inc.
Intoxilyzer Model 5000EN	CMI, Inc.
Intoxilyzer Model 8000	CMI, Inc.
RBT AZ (Alco Sensor AZ/RBT AZ)	Intoximeter, Inc.

F. Products included on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Measurement Devices set forth in 69 FR 42237-42239 (July 14, 2004) are approved by the Director as preliminary breath testers to determine alcohol concentration. This document is incorporated by reference and does not include any later amendments or editions. A copy of this document is available from the Department and may be obtained from the National Highway Traffic Safety Administration's web site (www.nhtsa.gov) or by contacting the U.S. Government Printing Office, 732 North Capitol Street NW, Washington, DC 20401.

G. Devices listed in subsection (E) may be used to administer preliminary breath tests.

H. Except when a device is used as a PBT or for other non-evidential testing purposes, an Operator permit and Standard Operational Procedure are required for the operation of devices listed in subsection (E).

I. In addition to the devices approved in subsection (E), the Director may approve, in writing, a device and related Standard Operational and Quality Assurance Procedures after the device has been successfully tested for compliance with the standards in subsection (B) for use prior to and pending the device being added to subsection (E). The approval shall expire three years after its effective date unless subsection (E) is amended to include the approved device.

J. In addition to devices approved as preliminary breath testers in subsection (F), the Director may approve in writing as a PBT a new device placed on subsequent National Highway Traffic Safety Administration's Conforming Products Lists of Evidential Breath Measurement Devices for use pending the new Conforming Products List being added to subsection (F).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-104. Testing Procedures

A. Law enforcement agencies or individuals acting independently of law enforcement agencies who conduct alcohol concentration determinations by means of devices shall utilize a quality assurance program that is conducted by Quality Assurance Specialists or Operators and generate records of periodic maintenance. This quality assurance program shall include:

1. Criteria for ensuring the accurate and proper operation of devices by the regular performance of Calibration Checks and Quality Assurance Procedures as referenced in subsections (A)(2) and (A)(3);
2. Calibration Checks of devices that are performed within 31 days of each other as Standard Calibration Check Procedures or during a test sequence bracketing a duplicate breath test as Concurrent Calibration Check Procedures and recorded according to the requirements of the appropriate Quality Assurance Procedures set forth in Exhibits E-2, E-3, F-2, F-3, G-2, G-3, G-6 and H-2 or as approved by the Director according to R13-10-103(I). These checks shall indicate that the device is capable of determining the value of a standard alcohol concentration solution with an accuracy limit of ± 0.01 grams per 210 liters of breath or ± 10 percent, whichever is greater;
3. Quality Assurance Procedure checks of devices that are performed within 90 days of each other as Standard Quality Assurance Procedures or during a test sequence bracketing a duplicate breath test as Concurrent Quality Assurance Procedures, and recorded according to the requirements of the appropriate Quality Assurance Procedures set forth in Exhibits E-4, E-5, F-4, F-5, G-4, G-5, G-6, H-3 and H-4 or as approved by the Director according to R13-10-103(I). These checks shall indicate that the device is capable of proper operation and is functioning as required by the Quality Assurance Procedures for the device;
4. Standard alcohol concentration solutions, either liquid or gas, that are National Institute of Standards and Technology (NIST) traceable; and
5. Records of Calibration Checks, Quality Assurance Procedures and maintenance or repairs for each device in use.

B. An Operator shall utilize the Standard Operational Procedure approved by the Department for the device being operated in performing tests for the determination of alcohol concentration, as contained in Exhibits E-1, E-6, F-1, G-1, G-6 and H-1 or as approved by the Director according to R13-10-103(I).

C. Duplicate breath tests shall be administered at intervals of not less than five minutes nor more than 10 minutes. The results of both tests shall be within 0.020 alcohol concentration of each other. If the second test is not within 0.020 alcohol concentration of the first test, additional tests shall be administered until the results of two consecutive tests are within 0.020 alcohol concentration.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-105. Permits and Certificates

A. The Department shall issue Analyst permits to qualified applicants, in accordance with R13-10-106(A), who have satisfac-

torily demonstrated through proficiency testing as specified in R13-10-108(A) their proficiency in conducting an alcohol concentration determination by one or more of the methods listed in R13-10-102. The Analyst permit shall:

1. State the method of alcohol concentration determination the permit holder is approved to utilize and the type of specimen the permit holder is approved to analyze (blood or other bodily substances); and
2. Be valid for one year.

B. An Analyst shall employ, in testing for alcohol concentration in matters arising under A.R.S. Title 28, Chapter 4, Article 3, the same analytical procedures as those employed by the analyst for proficiency testing.

C. The Department shall issue two categories of device permits.

1. Operator permits shall be issued to applicants who qualify under R13-10-106(B) or (E). This permit authorizes operation and performance of associated Quality Assurance Procedures, including Concurrent Calibration Check Procedures and Concurrent Quality Assurance Procedures, performed within a successfully completed test sequence bracketing a duplicate breath test on the device specified on the permit. Operator permits issued after the initial effective date of this Section shall be valid for five years from the date of issue. Permits issued to Operators before the initial effective date of this Section shall remain in effect and be valid for five years after the initial effective date of this Section.
2. Quality Assurance Specialist permits shall be issued to applicants who hold a valid Operator permit and who qualify as a Quality Assurance Specialist under R13-10-106(C) or (E). This Quality Assurance Specialist permit authorizes the holder to perform Quality Assurance Procedures, including Standard Calibration Check Procedures and Standard Quality Assurance Procedures, on the device specified on the permit. Quality Assurance Specialist permits issued after the initial effective date of this Section shall be valid for five years from the date of issue. Permits issued to Quality Assurance Specialists before the initial effective date of this Section shall remain in effect and be valid for five years after the initial effective date of this Section.
3. Operator and Quality Assurance Specialist permits may be renewed by application as required by R13-10-107 and successful completion of a recertification course approved by the Department.
4. The Department shall issue duplicate (replacement) permits upon request and upon verification of the qualifications set forth in R13-10-106.

D. Law enforcement agencies shall supply the Department, upon request, with a list of current Operator and Quality Assurance Specialist permit holders and shall update the list as required by the Department, but no more frequently than annually.

E. The Department shall issue Instructor certificates to qualified applicants who hold valid Operator and Quality Assurance Specialist permits and who qualify as an Instructor under R13-10-106(D) or (E). The Instructor certificate authorizes the holder to provide breath test training to prospective Operators and Quality Assurance Specialists on a specific approved device. Instructor certificates issued after the initial effective date of this Section shall be valid for five years from the date of issue. Instructor certificates issued before the initial effective date of this Section shall remain in effect and be valid for five years from the initial effective date of this Section. Instructor certificates may be renewed by application as required by R13-10-107 and successful completion of a recertification examination approved by the Department.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-106. Qualifications

A. To qualify for an Analyst permit, a person shall hold a degree from a college or university accredited by a regional accrediting body recognized by the United States Department of Education and have earned 15 or more semester credits, or the equivalent, of chemistry, including three or more credits of organic chemistry.

B. To qualify for an Operator permit, a person shall:

1. Be employed by a law enforcement agency or laboratory that has access to a device for the person's use as set forth in R13-10-103; and
2. Complete a course in the determination of alcohol concentration approved by the Department with a score of 80 percent or better. The Department shall approve courses taught by an Instructor if they contain the following:
   a. Instruction on the effects of alcohol on the human body;
   b. Instruction on and demonstration of the operational principles of the selected device, which shall include a functional description and detailed operational description of the method;
   c. Instruction on the legal aspects of breath tests in general and on the particular method to be employed;
   d. Concurrent Calibration Check Procedures (when applicable to the device) approved by the Department;
   e. Concurrent Quality Assurance Procedures (when applicable to the device) approved by the Department;
   f. Applicant participation with the appropriate device utilizing reference standards, testing of subjects, or other methods that will indicate the actual response of the device; and
   g. Written and practical examination of the applicant for the purpose of determining the person's understanding of the course material and proficiency in operating the device.

C. To qualify for a Quality Assurance Specialist permit, a person shall possess a valid Operator permit to operate the approved device and complete a course of training approved by the Department with a score of 80 percent or better. The Department shall approve courses taught by an Instructor if they contain the following:

1. Review of the theory of breath testing and the operation of the particular testing device;
2. Standard Calibration Check Procedures approved by the Department;
3. Standard Quality Assurance Procedures approved by the Department;
4. Applicant participation with the appropriate device utilizing reference standards, testing of subjects, or other methods that will indicate the actual response of the device; and
5. Written and practical examination of the applicant for the purpose of determining the person's understanding of the course material and proficiency in operating the device.

D. To qualify as an Instructor, a person shall hold valid Operator and Quality Assurance Specialist permits on the device for which instruction is given. In addition, except as provided in subsection (E), all applicants shall complete a comprehensive instructor examination approved and administered by the Department with a score of 90 percent or better. The Depart-

ment shall approve instructor examinations that include the following:

1. The theory of breath testing and the operation of the specific device, and
2. Procedures for testing instrument accuracy and proper operation in accordance with Calibration Checks and Quality Assurance Procedures approved by the Department.

E. If a device is newly approved and no Operator and Quality Assurance Specialist permits have been issued for the device, a person may qualify to be an Operator, Quality Assurance Specialist, and Instructor for the specific device by completing a Department-administered, manufacturer-endorsed, instructor training course and a comprehensive examination with a score of 90 percent or better. The Instructor training course shall include the following:

1. Review of the theory of breath testing,
2. Instruction on the operation of the device, and
3. Procedures for testing instrument accuracy and proper operation in accordance with Calibration Checks and Quality Assurance Procedures approved by the Department.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-107. Application Processes

A. An applicant for an initial Analyst permit or the renewal of an existing Analyst permit shall complete the form shown as Exhibit A and submit it to the Department. An application for renewal of an Analyst permit shall be submitted no later than 30 days prior to the date the current permit expires. If the applicant makes a written or verbal request and shows good cause, the Department shall extend this deadline.

B. An applicant for an initial Operator permit or the renewal of an existing Operator permit shall complete the form shown as Exhibit B and submitted to the Department. An application for renewal of an Operator permit shall be submitted no later than 30 days prior to the date the current permit expires. If the applicant makes a written or verbal request and shows good cause, the Department shall extend this deadline.

C. An applicant for an initial Quality Assurance Specialist permit or the renewal of an existing Quality Assurance Specialist permit shall complete the form shown as Exhibit C and submitted to the Department. An application for renewal of a Quality Assurance Specialist permit shall be submitted no later than 30 days prior to the date the current permit expires. If the applicant makes a written or verbal request and shows good cause, the Department shall extend this deadline.

D. An applicant for an initial Instructor approval or the renewal of an existing Instructor approval shall complete the form shown as Exhibit D and submitted to the Department. An application for renewal of an Instructor shall be submitted no later than 30 days prior to the date the current certificate expires. If the applicant makes a written or verbal request and shows good cause, the Department shall extend this deadline.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-108. Examination and Quality Assurance Requirements for Analysts

A. The Department shall require an Analyst permit applicant to successfully demonstrate the applicant's proficiency in making alcohol concentration determinations from test specimens in accordance with subsection (B). The applicant shall be examined only on the methods that relate to the type of determination for which the applicant desires a permit.

B. An applicant shall, before receiving an initial Analyst permit or renewal of an existing Analyst permit, participate in and successfully complete proficiency testing administered by the Department. An applicant shall successfully analyze samples by testing at least three suitable reference standards or control samples with a known alcohol concentration in the range of 0.00 to 0.40 grams per 100 milliliters of blood and having the results agree with the established value within the limits of ± 0.01 grams per 100 milliliters of blood or ±10 percent, whichever is greater. Proficiency testing shall be administered by the Department as follows:

1. An applicant shall correctly analyze all proficiency samples in the set provided by the Department.
2. When returning the results of analyses to the Department, the applicant shall attach an affidavit attesting that the applicant analyzed the proficiency samples without help or input from any other person.
3. An applicant failing to correctly analyze all proficiency samples in the set will be provided an opportunity to successfully analyze a second set of samples.
4. The Department shall deny the application of an applicant who declines or fails to correctly analyze the second set of proficiency samples and shall not issue a permit.
5. An applicant who fails to successfully analyze the second set of proficiency samples and whose application is denied may reapply for an analyst's permit beginning 90 days from the date of denial.

C. An analyst who conducts alcohol concentration determinations shall implement and maintain a quality assurance program. This program shall be designed to ensure the validity of test results by providing for:

1. Chain of custody,
2. Quality control,
3. Analytical procedures,
4. Documentation of test results, and
5. Participation in proficiency testing.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

R13-10-109. Revocation or Suspension of Permits; Appeals

A. The Department may suspend or revoke a permit for any of the following reasons:

1. A false statement on the permit holder's application,
2. The neglect or refusal to examine and report the results of sample specimens given the Analyst permit holder for proficiency testing purposes,
3. The failure of an Analyst to maintain quality control over equipment or reagents necessary for accuracy in reporting,
4. Failure to obtain results on proficiency test samples as indicated in R13-10-108(B),
5. Failure to operate a device according to approved procedures or the failure to analyze blood or other bodily substances according to approved methods, or
6. The failure by a permit holder to maintain documentation required by this Article or to make it available to Departmental representatives for inspection for purposes of administering this Article.

B. When a permit has been suspended or revoked in one or more of the approved methods or devices and there remain one or more methods or devices for which the permittee is approved that are not affected by the revocation or suspension, the per-

mit holder shall return the suspended or revoked permit to the Department. The Department shall issue a replacement permit that shows only those approved methods or devices unaffected by the event leading to the suspension or revocation.

C. The provisions of A.R.S. Title 41, Chapter 6, Article 10 are applicable to denials, revocations, suspensions and administrative appeals.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT A
APPLICATION FOR BLOOD ALCOHOL ANALYST PERMIT

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Scientific Analysis Bureau
2102 W Encanto Blvd
Phoenix, Arizona 85009
(602) 223-2394

DO NOT WRITE
IN THIS AREA
Permit # _____
Date issued _____
Approved by _____

Application for Analyst permit to perform analysis of blood or other bodily substances for alcohol concentration determinations.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY
(ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED)

IS THIS APPLICATION FOR? INITIAL PERMIT _____ RENEWAL ____ PERMIT NUMBER _____

1. Name: _____
   (Full legal name) (Last) (First) (Middle) (Maiden)

   Name: _____
   (As you would like it to appear on permit) (Last) (First) (Middle - *optional*)

2. Date of Birth: _____
   (Month) (Day) (Year)

3. Employer: _____
   (Name)

   _____
   (Address)

   _____
   (Phone) (Fax)

4. Email address: _____

5. Education: I have earned a degree from an accredited college or university with 15 or more semester credits or the equivalent of college chemistry, including at least 3 credits in organic chemistry. Yes _____ No _____
   College(s) attended _____
   (City & State) (Year Graduated) (Degree)

   _____
   (City & State) (Year Graduated) (Degree)

6. Check the analytical method(s) for which you require an Analyst permit:
   Gas Chromatography _____ Other: _____

I hereby certify that the information submitted in this application is true and correct.

_____
(Signature of Applicant) (Date)

DPS Form Exh A (Rev 05-1)

Historical Note
New Exhibit A made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT B
APPLICATION FOR BREATH ALCOHOL OPERATOR PERMIT

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Scientific Analysis Bureau
2102 W Encanto Blvd
Phoenix, Arizona 85009
(602) 223-2394

DO NOT WRITE
IN THIS AREA
Permit # _____
Date issued _____
Approved by _____

Application for an Operator permit to perform alcohol concentration determinations and associated quality assurance procedures on an approved device.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY
(ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED)

IS THIS APPLICATION FOR? INITIAL PERMIT _____ RENEWAL _____

DO YOU HAVE AN OPERATOR PERMIT(S)? YES _____ NO _____

OPERATOR DEVICE(S) / PERMIT NUMBER(S) _____

1. Name: _____
   (Full Legal Name) (Last) (First) (Middle) (Maiden)

   Name: _____
   (As you want it to appear on permit) (Last) (First) (Middle – *optional*)

2. Employer: _____
   (Name)

   _____
   (Address)

   _____
   (Phone) (Fax)

3. Email address: _____

4. Operator permit requested for what device(s): _____

I hereby certify that the information submitted in this application is true and correct.

_____
(Signature of Applicant) Badge # (Date)

* * * * * * * * * * * * * * * * * * *

TO BE COMPLETED BY INSTRUCTOR

1. Agency Conducting Training: _____
2. Date and Location of Training: _____
   (Date) (Location)
3. Arizona Department of Public Safety course approval number: _____
4. Did applicant successfully complete the course? Pass _____ Fail _____

_____
(Signature of Instructor) (Print Name) (Date)

DPS Form Exh B (Rev 05-1)

Historical Note
New Exhibit B made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT C
APPLICATION FOR BREATH ALCOHOL QUALITY ASSURANCE SPECIALIST PERMIT

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Scientific Analysis Bureau
2102 W Encanto Blvd
Phoenix, Arizona 85009
(602) 223-2394

DO NOT WRITE
IN THIS AREA
Permit # _____
Date issued _____
Approved by _____

Application for a QAS permit to perform quality assurance procedures on an approved device.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY
(ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED)

IS THIS APPLICATION FOR? INITIAL PERMIT _____ RENEWAL _____

DO YOU HAVE AN OPERATOR PERMIT(S)? YES _____ NO _____

OPERATOR DEVICE(S) / PERMIT NUMBER(S) _____

1. Name: _____
(Full Legal Name) (Last) (First) (Middle) (Maiden)

Name: _____
(As you want it to appear on permit) (Last) (First) (Middle – *optional*)

2. Employer: _____
(Name)

_____
(Address)

_____
(Phone) (Fax)

3. Email address: _____

4. QAS permit requested for what device(s): _____

I hereby certify that the information submitted in this application is true and correct.

_____
(Signature of Applicant) Badge # (Date)

* * * * * * * * * * * * * * * * * * *

TO BE COMPLETED BY INSTRUCTOR

1. Agency Conducting Training: _____

2. Date and Location of Training: _____
(Date) (Location)

3. Arizona Department of Public Safety course approval number: _____

4. Did applicant successfully complete the course? Pass _____ Fail _____

_____
(Signature of Instructor) (Print Name) (Date)

DPS Form Exh C (Rev 05-1)

Historical Note
New Exhibit C made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT D
APPLICATION FOR BREATH TESTING INSTRUCTOR

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Scientific Analysis Bureau
2102 W Encanto Blvd
Phoenix, Arizona 85009
(602) 223-2394

DO NOT WRITE
IN THIS AREA
Permit # _____
Date issued _____
Approved by _____

Application for an Instructor certificate to provide Operator and QAS training on an approved device.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY
(ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED)

IS THIS APPLICATION FOR? INITIAL APPROVAL _____ RENEWAL _____

DO YOU HAVE AN OPERATOR PERMIT(S)? YES _____ NO _____

OPERATOR DEVICE(S) / PERMIT NUMBER(S)? _____

DO YOU HAVE QAS PERMIT(S)? YES _____ NO _____

QAS DEVICE(S) / PERMIT NUMBER(S) _____

1. Name: _____
(Full Legal Name) (Last) (First) (Middle) (Maiden)

Name: _____
(As you want it to appear on certificate) (Last) (First) (Middle-*optional*)

2. Employer: _____
(Name)

_____
(Address)

_____
(Phone) (Fax)

3. Email address: _____

4. Instructor certificate requested for what device: _____

I hereby certify that the information submitted in this application is true and correct.

_____
(Signature of Applicant) (Date)

* * * * * * * * * * * * * * * * * * *

TO BE COMPLETED BY REGULATOR

1. Arizona Department of Public Safety examination approval number: _____

2. Did applicant successfully attain Instructor approval? Pass _____ Fail _____

_____
(Signature of Regulator) (Print Name) (Date)

DPS Form Exh D (Rev 05-1)

Historical Note
New Exhibit D made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT E-1
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 5000

DUPLICATE BREATH TEST

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

INSTRUMENT SERIAL #_____ LOCATION _____

TEST RESULTS
0. _____ AC TIME _____
0. _____ AC TIME _____
0. _____ AC TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Display reads “PUSH BUTTON TO START TEST” or “PRESS START TEST BUTTON TO START NEXT TEST”. Breath tube is warm to touch.
( ) 2. Press Start Test button.
( ) 3. If display reads “Insert Card”, do so.
( ) 4. Input information in response to display.
( ) 5. Air Blank completed.
( ) 6. If display reads “IS SIMULATOR SOLUTION TEMPERATURE 34° C ± 0.2° C?”, type Y or N and verify Concurrent Calibration Check completed.
( ) 7. Insert mouthpiece into breath tube. Have subject blow as long as possible. Record AC result above.
( ) 8. Air blank completed.
( ) 9. a. If display reads “WAIT”, go to step 11

OR

( ) b. If display reads “TEST COMPLETE”. Go to step 10.

OR

( ) c. If display reads “IS SIMULATOR SOLUTION TEMPERATURE 34° C ± 0.2° C?”, type Y or N and verify Concurrent Calibration Check completed. Go to step 10.
( ) 10. When test complete, remove printed record.
( ) 11. Repeat steps 1 through 9.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 nor more than 10 minutes apart and the two consecutive tests shall agree within 0.020 alcohol concentration.

DPS Form Exh E-1 (Rev 05-1)

Historical Note
New Exhibit E-1 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT E-2
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000*

STANDARD CALIBRATION CHECK PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE _____ TIME _____

INTOXILYZER SERIAL # _____ LOCATION _____

( ) 1. Pour a standard alcohol concentration solution into a clean dry simulator jar and assemble the simulator. Ensure that a tight seal has been made. Standard value: 0. _____ AC.
( ) 2. Turn on the simulator and allow the temperature to reach 34° C ± 0.2° C.
( ) 3. Set Intoxilyzer mode selection in the ACA mode by switching mode selection switch #9 on or selecting “C” on keyboard menu.
( ) 4. Attach simulator to the simulator entrance port on the Intoxilyzer.
( ) 5. Intoxilyzer 5000 display reads “READY TO START” or “PUSH BUTTON”.
( ) 6. Push Start Test button or press enter on keyboard.
( ) 7. Insert card in response to display.
( ) 8. Air blank completed.
( ) 9. Standard Calibration Check completed. Test results 0. _____ AC.
( ) 10. Air blank completed.
( ) 11. When test complete, remove printed record. Attach the record to the completed checklist.
( ) 12. Return mode selection switch #9 to off position after all calibration checks are complete or type Q and enter on keyboard.

SIGNATURE _____

* WITH OR WITHOUT VAPOR RECIRCULATION AND WITH OR WITHOUT KEYBOARD

DPS Form Exh E-2 (Rev 05-1)

Historical Note
New Exhibit E-2 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT E-3
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000

STANDARD CALIBRATION CHECK PROCEDURE
(OPTION P)

1. Ensure simulator is on and contains a standard alcohol concentration solution of known value, 0.100 AC, at temperature of 34° C ± 0.2° C.
2. Intoxilyzer display reads “READY TO START” or “PUSH BUTTON”.
3. Set Intoxilyzer mode selection in the ACA mode by selecting “C” on the keyboard menu.
4. Press ENTER on keyboard.
5. Air blank completed.
6. Calibration check completed.
7. Confirm Standard Calibration Check reading is in 0.090 to 0.110 range.
8. Air blank completed.
9. Test complete.

Instrument reading is within acceptable accuracy limits. Enter “Y” or “N”.

DPS Form Exh E-3 (Rev 05-01)

Historical Note
New Exhibit E-3 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT E-4
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000*

STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE _____ TIME _____

INTOXILYZER SERIAL # _____ LOCATION _____

( ) 1. Display reads "READY TO START" or "PUSH BUTTON TO START TEST."

DIAGNOSTIC TESTS
( ) 1. DVM Test check. Setting should be between .010 and .600. Mode selection switch S2 on, S1 and S3 off or keyboard menu selection "H". Reading is _____.
( ) 2. Display Test check. Mode selection switch S1 on and S2 and S3 off or keyboard menu selection "V".
( ) 3. Printer Test check. Mode selection switch S1, S2, S3 off or keyboard menu selection "P".
( ) 4. Clock time check. Mode selection switch S10 on or keyboard menu selection "E".
( ) 5. Date check. Mode selection switch S11 on or keyboard menu selection "E".

OPERATIONAL TESTS
( ) 1. Alcohol-free subject Test result 0. _____AC
( ) 2. Error recognition logic system functioning
Invalid test printed
( ) 3. Proper sample recognition system
Invalid sample printed
Deficient sample printed
( ) 4. Standard Calibration Check standard 0. _____ AC
Results: 0. _____AC

Instrument operating accurately and properly. YES _____NO _____

COMMENTS _____

_____

_____

_____

SIGNATURE _____

* WITH OR WITHOUT VAPOR RECIRCULATION AND WITH OR WITHOUT KEYBOARD

DPS Form Exh E-4 (Rev 05-1)

Historical Note
New Exhibit E-4 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT E-5
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000

STANDARD QUALITY ASSURANCE PROCEDURE
(OPTION P)

Display reads “READY TO START” or “PUSH BUTTON TO START TEST.”

DIAGNOSTIC TESTS
1. DVM Test check. Value is between .010 and .600. Keyboard menu selection “H”.
2. Display Test check. Keyboard menu selection “V”.
3. Clock time check. Keyboard menu selection “E”.
4. Date check. Keyboard menu selection “E”.

OPERATIONAL TESTS
1. Alcohol-free subject Test result 0.000 AC.
2. Error recognition logic system functioning.
   Invalid test printed.
3. Proper sample recognition system.
   Invalid sample printed.
   Deficient sample printed.
4. Calibration standard 0.100 AC.

Instrument operating accurately and properly. Enter “Y” or “N”.

DPS Form Exh E-5 (Rev 05-1)

Historical Note
New Exhibit E-5 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT E-6
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 5000 - WITHOUT VAPOR RECIRCULATION
AND WITHOUT KEYBOARD

DUPLICATE BREATH TEST

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

INSTRUMENT SERIAL #_____ LOCATION _____

TIME OF TEST _____

TEST RESULTS	0. _____ AC	TIME _____
	0. _____ AC	TIME _____
	0. _____ AC	TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Display reads “READY TO START” or “PUSH BUTTON TO START TEST”. Breath tube is warm to touch.
( ) 2. Press Start Test button.
( ) 3. If display reads “INSERT CARD”, do so.
( ) 4. Air blank completed.
( ) 5. Insert mouthpiece into breath tube. Have subject blow as long as possible. Record results above.
( ) 6. Air blank completed.
( ) 7. a. If display reads “WAIT”, go to step 8.
OR
b. If display reads “TEST COMPLETE”, go to step 9.
( ) 8. Repeat steps 1 through 7.
( ) 9. When display reads “TEST COMPLETE”, remove test record card. If duplicate tests have not been obtained between 5 and 10 minutes apart with a .020 AC agreement, repeat steps 1 through 7.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 nor more than 10 minutes apart and the two consecutive tests shall agree within 0.020 alcohol concentration.

DPS Form Exh E-6 (Rev 05-1)

Historical Note
New Exhibit E-6 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT F-1
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 5000EN

DUPLICATE BREATH TEST

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

INSTRUMENT SERIAL #_____ LOCATION _____

TEST RESULTS
0. _____ AC TIME _____
0. _____ AC TIME _____
0. _____ AC TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Display reads "PUSH BUTTON TO START TEST" or "PRESS START TEST BUTTON TO START NEXT TEST." Ensure breath tube is warm to touch.
( ) 2. Press START TEST button.
( ) 3. If display reads "INSERT CARD," do so.
( ) 4. Input information in response to display.
( ) 5. Air blank completed.
( ) 6. If the display reads "IS SIMULATOR SOLUTION TEMPERATURE 34° C ± 0.2° C?," check temperature using thermometer, type "Y" or "N;" verify Concurrent Calibration Check completed.
( ) 7. Insert the mouthpiece in the breath tube. Have the subject blow as long as possible. Record AC result above.
( ) 8. Air blank completed.
( ) 9. a. If display reads "WAIT," go to Step 11

OR

b. If display reads "TEST COMPLETE," go to Step 10

OR

c. If display reads "IS SIMULATOR SOLUTION TEMPERATURE 34° C ± 0.2° C?," check temperature using thermometer, type "Y" or "N;" verify Concurrent Calibration Check completed, go to Step 10.

( ) 10. When the display reads "TEST COMPLETE," remove the test record.
( ) 11. Repeat Steps 1 through 9, as necessary.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 nor more than 10 minutes apart and the two consecutive tests shall agree within 0.020 alcohol concentration.

DPS Form Exh F-1 (Rev 05-01)

Historical Note
New Exhibit F-1 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT F-2
THIS REPORT PREPARED UNDER DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000EN

STANDARD CALIBRATION CHECK PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE_____ TIME _____

INTOXILYZER SERIAL #_____ LOCATION _____

( ) 1. a. Ensure the dry gas tank is attached to the instrument and contains a standard alcohol concentration solution, _____ AC.

OR

( ) b. Pour a standard alcohol concentration solution _____ AC, into a clean dry simulator and assemble the simulator. Ensure that a tight seal is made. Turn on the simulator and allow temperature to reach 34° C ± 0.2° C.

( ) 2. Intoxilyzer 5000EN display reads "PUSH BUTTON …."
( ) 3. Ensure Intoxilyzer 5000EN calibration standard is set for "G" for gas or "W" for wetbath.
( ) 4. Type "C" and press ENTER key on the keyboard.
( ) 5. If display reads "INSERT CARD," do so.
( ) 6. Air blank completed.
( ) 7. Standard Calibration Check completed. Test results 0. _____ AC.
( ) 8. Air blank completed.
( ) 9. When display reads "TEST COMPLETE," remove printed record. Attach the record to the completed checklist.
( ) 10. Type "Q" and press the ENTER key on the keyboard.

SIGNATURE_____

DPS Form Exh F-2 (Rev 05-01)

Historical Note
New Exhibit F-2 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT F-3
THIS REPORT PREPARED UNDER DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000EN

STANDARD CALIBRATION CHECK PROCEDURE
(OPTION P)

1. a. Ensure the dry gas tank is attached to the instrument and contains a standard alcohol concentration solution alcohol standard.

   OR

   b. Pour a standard alcohol concentration solution into a clean dry simulator and assemble the simulator. Ensure that a tight seal is made. Turn on the simulator and allow temperature to reach 34° C ± 0.2° C.
2. Intoxilyzer 5000EN display reads "PUSH BUTTON…."
3. Ensure Intoxilyzer 5000EN calibration standard is set for "G" for gas or "W" for wetbath.
4. Type "C" and press the ENTER key on the keyboard.
5. Air blank completed.
6. Calibration check completed.
7. Air blank completed.
8. When display reads "TEST COMPLETE," type "Q" and ENTER on the keyboard.

DPS Form Exh F-3 (Rev 05-01)

Historical Note
New Exhibit F-3 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT F-4
THIS REPORT PREPARED UNDER DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000EN

STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE _____ TIME _____

INTOXILYZER SERIAL # _____ LOCATION _____

( ) 1. Display reads "PUSH BUTTON…"

DIAGNOSTIC TESTS
( ) 1. Display test check. Keyboard menu selection "V."
( ) 2. Clock time check. Keyboard menu selection "E."
( ) 3. Date check. Keyboard menu selection "E."
( ) 4. Barometric sensor check. Keyboard menu selection "G."

OPERATIONAL TESTS
( ) 1. Alcohol-free subject test result 0. _____AC.
( ) 2. Error recognition logic system functioning.
Invalid test printed.
( ) 3. Proper sample recognition system.
Invalid test printed.
Deficient sample printed.
( ) 4. Standard Calibration Check standard 0. _____AC.
Result 0. _____AC.

Instrument is operating properly and accurately. Yes _____ No _____

COMMENTS _____

_____

_____

_____

SIGNATURE _____

DPS Form Exh F-4 (Rev 05-01)

Historical Note
New Exhibit F-4 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT F-5
THIS REPORT PREPARED UNDER DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 5000EN

STANDARD QUALITY ASSURANCE PROCEDURE
(OPTION P)

1. Display reads “PUSH BUTTON…”

DIAGNOSTIC TESTS
1. Display test check. Keyboard menu selection “V.”
2. Clock time check. Keyboard menu selection “E.”
3. Date check. Keyboard menu selection “E.”
4. Barometric sensor check. Keyboard menu selection “G.”

OPERATIONAL TESTS
1. Alcohol-free subject test result
2. Error recognition logic system functioning.
   Invalid test displayed.
3. Proper sample recognition system.
   Invalid test displayed.
   Deficient sample displayed.
4. Standard alcohol concentration solution.

Instrument operating properly and accurately. Enter “P” or “F.”

DPS Form Exh F-5 (REV 05-01)

Historical Note
New Exhibit F-5 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT G-1
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 8000

DUPLICATE BREATH TEST

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

INSTRUMENT SERIAL #_____ LOCATION _____

TEST RESULTS
0. _____ AC TIME _____
0. _____ AC TIME _____
0. _____ AC TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Display reads “PUSH BUTTON TO START”.
( ) 2. Push Start Test button.
( ) 3. Follow automated instructions on instrument display.
( ) 4. If test record reads “Successfully Completed Test Sequence” go to step 5

OR

If test record reads “Not a Successfully Completed Test Sequence”, and subject will be tested again, remove test record and go to step 1

OR

If test record reads “Not a Successfully Completed Test Sequence”, and subject will not be tested again, go to step 5

( ) 5. Remove test record.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 minutes nor more than 10 minutes apart and the two consecutive tests shall agree within 0.020 alcohol concentration.

DPS Form Exh G-1 (Rev 05-1)

Historical Note
New Exhibit G-1 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT G-2
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 8000

STANDARD CALIBRATION CHECK PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE _____ TIME _____

INTOXILYZER SERIAL # _____ LOCATION _____

( ) 1. Ensure that gas tank is attached to instrument and contains a standard alcohol concentration solution _____AC.

OR

Pour a standard alcohol concentration solution _____AC, into a clean dry simulator and assemble the simulator. Ensure that a tight seal has been made. Turn on the simulator and allow temperature to reach 34° C ± 0.2° C

( ) 2. Intoxilyzer 8000 display reads "PUSH BUTTON TO START"

( ) 3. Go to the "Control Testing Menu". Select "D" for dry control test or "W" for wet control test. After selection is made press ENTER.

( ) 4. Air blank completed.

( ) 5. Calibration check completed. Test results 0._____AC.

( ) 6. Air blank completed.

( ) 7. Remove printed record. Attach the record to the completed checklist.

SIGNATURE _____

DPS Form Exh G-2 (Rev 05-01)

Historical Note
New Exhibit G-2 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT G-3
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 8000

STANDARD CALIBRATION CHECK PROCEDURE
(OPTION P)

1. a. Ensure dry gas tank is attached to instrument and contains a standard alcohol concentration solution alcohol standard.

   OR

   b. Pour a standard alcohol concentration solution into a clean dry simulator and assemble the simulator.
   Ensure that a tight seal has been made. Turn on the simulator and allow temperature to reach 34° C ± 0.2° C
2. Intoxilyzer 8000 display reads "PUSH BUTTON TO START"
3. Go to the "Control Testing Menu". Select "D" for dry control test or "W" for wet control test. After selection is made press ENTER.
4. Air blank completed.
5. Standard Calibration Check completed.
6. Air blank completed.

DPS Form Exh G-3 (Rev 05-01)

Historical Note
New Exhibit G-3 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT G-4
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 8000

STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST _____ AGENCY _____

DATE _____ TIME _____

INTOXILYZER SERIAL # _____ LOCATION _____

( ) 1. Display Reads "PUSH BUTTON TO START"

DIAGNOSTIC TESTS
( ) 1. Clock time check.
( ) 2. Date check.

OPERATIONAL TESTS
( ) 1. Alcohol-free subject test result 0._____AC.
( ) 2. Error recognition logic system functioning.
Not a Successfully Completed Test Sequence printed
( ) 3. Proper sample recognition system.
Not a Successfully Completed Test Sequence printed
Deficient sample printed.
( ) 4. Standard Calibration Check standard 0._____AC. Result 0._____AC.

Instrument is operating properly and accurately. YES _____ NO _____

COMMENTS _____

_____

_____

_____

SIGNATURE _____

DPS Form Exh G-4 (Rev 05-01)

Historical Note
New Exhibit G-4 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT G-5
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 8000

STANDARD QUALITY ASSURANCE PROCEDURE
(OPTION P)

Display Reads “Push Button to Start”

DIAGNOSTIC TESTS
1. Clock time check.
2. Date check.

OPERATIONAL TESTS
1. Alcohol-free subject test result.
2. Error recognition logic system functioning.
   Not a Successfully Completed Test Sequence printed or recorded.
3. Proper sample recognition system.
   Not a Successfully Completed Test Sequence printed or recorded.
   Deficient sample printed or recorded.
4. Standard alcohol concentration solution.

DPS Form Exh G-5 (Rev 05-01)

Historical Note
New Exhibit G-5 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT G-6
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL AND QUALITY ASSURANCE PROCEDURES
INTOXILYZER MODEL 8000

DUPLICATE BREATH TEST WITH CONCURRENT QUALITY ASSURANCE PROCEDURES

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

INSTRUMENT SERIAL #_____ LOCATION _____

SUBJECT TESTS		DIAGNOSTIC CHECKS		CALIBRATION CHECKS
0. _____AC	TIME _____	_____PASS	_____FAIL	0. _____ AC
0. _____ AC	TIME _____	_____PASS	_____ FAIL	0. _____AC
0. _____AC	TIME _____	_____		

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Display reads “PUSH BUTTON TO START”.
( ) 2. Push Start Test button.
( ) 3. Follow automated instructions on instrument display.
( ) 4. If test record reads “Successfully Completed Test Sequence” go to step 5

OR

If test record reads “Not a Successfully Completed Test Sequence”, and subject will be tested again, remove test record and go to step 1

OR

If test record reads “Not a Successfully Completed Test Sequence”, and subject will not be tested again, go to step 5

( ) 5. Remove test record.

Note: A successfully completed test sequence includes the following:

- At least a 15-minute deprivation period.
- Successful concurrent diagnostic checks
- Successful Concurrent Calibration Check Procedures bracketing the duplicate breath test
- Duplicate breath test administered at intervals of not less than 5 minutes nor more than 10 minutes apart and the two consecutive tests agreeing within 0.020 alcohol concentration.

DPS Form Exh G-6 (Rev 05-01)

Historical Note
New Exhibit G-6 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

Department of Public Safety - Alcohol Testing

EXHIBIT H-1
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
ALCO SENSOR RBT AZ

DUPLICATE BREATH TEST

SUBJECT NAME _____ DATE _____

AGENCY _____ OPERATOR _____

LOCATION _____

RBT AZ SERIAL # _____ ALCO SENSOR AZ SERIAL # _____

TEST RESULTS 0. _____AC TIME _____
0. _____AC TIME _____
0. _____AC TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From _____ to _____ by _____
(Time) (Time) (Name)

( ) 1. Depress RBT AZ ON button.
( ) 2. Depress zero set button, select subject or quick test.
( ) 3. Follow RBT AZ and AS AZ display instructions.
( ) 4. Enter case # &/or DL # if required.
( ) 5. Device temperature registers between 10° C and 40° C.
( ) 6. a. If quick test, go to step 7.
b. If subject test, repeat steps 3 – 6 for duplicate test.
c. If the second subject test is not within 0.020 of the first test, repeat steps 3-6.
d. If the second subject test is within 0.020 of the first test, go to step 7.
e. If the third subject test, go to step 7.
( ) 7. Remove test record when printout is complete.
( ) 8. Turn off RBT AZ.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 nor more than 10 minutes and the two consecutive tests shall agree within 0.020 alcohol concentration.

DPS Form Exh H-1 (Rev 05-01)

Historical Note
New Exhibit H-1 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT H-2
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
ALCO SENSOR RBT AZ

STANDARD CALIBRATION CHECK PROCEDURE

AGENCY _____ DATE _____

QA SPECIALIST _____ LOCATION _____

RBT AZ SERIAL # _____ ALCO SENSOR AZ SERIAL # _____

( ) 1. Have a standard alcohol concentration solution ready.
This may be a simulator (at 34° C ± 0.2° C) or a dry gas alcohol standard. Standard value: 0._____AC.
( ) 2. Depress RBT AZ ON button.
Depress Time button.
Enter PIN #.
Depress zero button.
( ) 3. Follow RBT AZ and AS AZ display instructions.
( ) 4. Device temperature registers between 10° C and 40° C.
( ) 5. When AS AZ display reads "CHEK", introduce standard for 7 seconds; depress the MANUAL button on the AS AZ at 5 seconds (while continuing to introduce the standard for another 2 seconds.)
( ) 6. Test results 0._____ AC.
( ) 7. Remove test record when printout is complete.
( ) 8. Turn off RBT AZ.

COMMENTS _____

_____

_____

_____

SIGNATURE _____

DPS Form Exh H-2 (Rev 05-01)

Historical Note
New Exhibit H-2 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT H-3
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
ALCO SENSOR RBT AZ

STANDARD QUALITY ASSURANCE PROCEDURE

AGENCY _____ DATE _____

QA SPECIALIST _____ LOCATION _____

RBT AZ SERIAL # _____ ALCO-SENSOR AZ SERIAL # _____

( ) 1. Have a standard alcohol concentration solution ready.
This may be a simulator (at 34° C ± 0.2° C) or a dry gas alcohol standard. Standard value: 0._____AC.
( ) 2. Depress RBT AZ ON button.
Depress Time button.
Enter PIN #.
Depress zero button.
( ) 3. Follow RBT AZ and AS AZ display instructions.
( ) 4. Device temperature registers between 10° C and 40° C.
( ) 5. When AS AZ display reads “CHEK”, introduce standard for 7 seconds; depress the MANUAL button on the AS AZ at 5 seconds (while continuing to introduce the standard for another 2 seconds.)
( ) 6. Test results 0. _____AC.
( ) 7. Remove test record when printout is complete.
( ) 8. Turn off RBT AZ.

( ) 1. Date and time correct.
( ) 2. Alcohol-free subject test result 0._____ AC.
( ) 3. Proper sample recognition system.
( ) 4. Fuel cell response time for a standard solution.
Standard value: _____ AC. Time _____ sec.
( ) 5. Controls, displays, and printer worked correctly during the above quality assurance procedures.

COMMENTS _____

_____

_____

_____

SIGNATURE _____

DPS Form Exh H-3 (Rev 05-01)

Historical Note
New Exhibit H-3 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).

EXHIBIT H-4
THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104(A)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES
ALCO SENSOR RBT AZ

CALIBRATION

AGENCY _____ DATE _____

QA SPECIALIST _____ LOCATION _____

RBT AZ SERIAL # _____ ALCO-SENSOR AZ SERIAL # _____

( ) 1. Have a standard alcohol concentration solution ready.
This may be a simulator (at 34° C ± 0.2° C) or a dry gas alcohol standard. Standard value: 0._____ AC.
( ) 2. Depress RBT AZ ON button.
( ) 3. Depress Time button, enter PIN #, depress #1 button.
( ) 4. Follow RBT AZ and AS AZ display instructions.
( ) 5. Device temperature registers between 23° C and 27° C.
( ) 6. After a blank reading of 0.000 is displayed and the standard value is displayed, depress F3.
( ) 7. When AS AZ display flashes "CAL", introduce standard for 7 seconds; depress the MANUAL button on the AS AZ at 5 seconds (while continuing to introduce the standard for another 2 seconds.)
( ) 8. Remove test record when printout is complete.
( ) 9. Run a calibration check on the Standard Calibration Check Procedure.
Test results: _____ AC.

COMMENTS _____

_____

_____

_____

SIGNATURE _____

DPS Form Exh H-4 (Rev 05-01)

Historical Note
New Exhibit H-4 made by final rulemaking at 12 A.A.R. 1916, effective 9:00 a.m., May 18, 2006 (Supp. 06-2).