EXHIBIT I-1
OPERATIONAL CHECKLIST
STANDARD OPERATIONAL PROCEDURE
ARIZONA DEPARTMENT OF PUBLIC SAFETY
INTOXILYZER MODEL 9000
DUPLICATE BREATH TEST

SUBJECT NAME ___________________________ DATE ________________
AGENCY ___________________________ OPERATOR & BADGE ________________
INTOXILYZER SERIAL # ________________ DEPRIVATION BY ____________________

☐ 1. Ensure proper deprivation period.
☐ 2. Push the start button on the screen
☐ 3. Follow automated prompts on the instrument display

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 0.02 alcohol concentration.

COMMENTS:
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SIGNATURE ___________________________

DPS Form Exh I-1 (Rev 19-02)