CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY - ALCOHOL TESTING

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the Arizona Administrative Register.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

This Chapter contains rule Sections that were filed to be codified in the Arizona Administrative Code between the dates of April 1, 2020 through June 30, 2020 (Supp. 20-2).

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The release of this Chapter in Supp. 20-2 replaces Supp. 16-3, 1-21 pages
Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.
PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the Administrative Code. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The Arizona Administrative Code is where the official rules of the state of Arizona are published. The Code is the official codification of rules that govern state agencies, boards, and commissions.

The Code is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the Code. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the Administrative Code in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each Code chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the Code includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the Arizona Administrative Register for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the Register online at www.azsos.gov/rules, click on the Administrative Register link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.
CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY - ALCOHOL TESTING

(Article: 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
R13-10-101. Definitions ........................................................... 2
R13-10-102. Analyst Methods; Approval of Additional Methods ................................................................. 3
R13-10-103. Breath-testing Devices .............................................. 3
R13-10-104. Testing Procedures ................................................... 3
R13-10-105. Permits and Certificates ............................................. 4
R13-10-106. Qualifications .......................................................... 4
R13-10-107. Application Processes .............................................. 5
R13-10-108. Examination and Quality Assurance Requirements for Analysts ............................................... 5
R13-10-109. Revocation or Suspension of Permits; Appeals ....... 6
Exhibit A. Application for Blood Alcohol Analyst Permit ...... 7
Exhibit B. Application for Breath Alcohol Operator Permit 8
Exhibit C. Application for Breath Alcohol Quality Assurance Specialist Permit ........................................... 9
Exhibit D. Application for Breath Testing Instructor ............ 10
Exhibit E-1. Expired ................................................................. 11
Exhibit E-2. Expired ................................................................. 11
Exhibit E-3. Expired ................................................................. 11
Exhibit E-4. Expired ................................................................. 11
Exhibit E-5. Expired ................................................................. 11
Exhibit E-6. Expired ................................................................. 11
Exhibit F-1. Expired ................................................................. 11
Exhibit F-2. Expired ................................................................. 11
Exhibit F-3. Expired ................................................................. 11
Exhibit F-4. Expired ................................................................. 11
Exhibit F-5. Expired ................................................................. 11
Exhibit G-1. Standard Operational Procedure, Intoxilyzer Model 8000 .......................................................... 12
Exhibit G-2. Standard Calibration Check Procedure, Intoxilyzer Model 8000 .................................................... 13
Exhibit G-3. Standard Calibration Check Procedure Intoxilyzer, Model 8000 (Option P) .................................. 14
Exhibit G-4. Standard Quality Assurance Procedure, Intoxilyzer Model 8000 (Option P) .............................. 15
Exhibit G-5. Standard Quality Assurance Procedure Intoxilyzer, Model 8000 .................................................... 16
Exhibit H-1. Standard Operational Procedure Alco Sensor RBT AZ .............................................................. 18
Exhibit H-2. Standard Calibration Check Procedure Alco Sensor RBT AZ ....................................................... 19
Exhibit H-4. Standard Calibration Procedure Alco Sensor RBT AZ ....................................................... 21
Exhibit I-1. Operation Checklist Standard Operational Procedure, Arizona Department of Public Safety, Intoxilyzer Model 9000, Duplicate Breath Test 22
CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY - ALCOHOL TESTING

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 an Operator or a Quality Assurance Specialist when employing a specific approved device.
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 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 (these checks and procedures may be performed concurrently), 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 a specific 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 (these checks and procedures may be performed concurrently), 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.
CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY - ALCOHOL 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).
Section amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).

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 breath or ±1 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 breath, 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 measurements 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:

<table>
<thead>
<tr>
<th>Device/Model</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intoxilyzer Model 5000 with or without Vapor Recirculation and with or without Keyboard</td>
<td>CMI, Inc.</td>
</tr>
<tr>
<td>Intoxilyzer Model 5000EN</td>
<td>CMI, Inc.</td>
</tr>
<tr>
<td>Intoxilyzer Model 8000</td>
<td>CMI, Inc.</td>
</tr>
<tr>
<td>Intoxilyzer Model 9000</td>
<td>CMI, Inc.</td>
</tr>
<tr>
<td>RBT AZ (Alco Sensor AZ/RBT AZ)</td>
<td>Intoximeter, Inc.</td>
</tr>
</tbody>
</table>
F. Products included on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Measurement Devices set forth in 82 FR 50940-50944 (November 2, 2017) 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.

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).
Section amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).

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.

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).
Section amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).
G-2, G-3, G-6, H-2 and I-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 G-4, G-5, G-6, H-3, H-4 and I-2 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 G-1, G-6, H-1 and I-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). Section amended by final rulemaking at 26 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 satisfactorily 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 after 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 Depart-
ment;
e. Concurrent Quality Assurance Procedures (when
applicable to the device) approved by the Depart-
ment;
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 under-
standing 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 Depart-
ment shall approve courses taught by an Instructor if they con-
tain 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 spec-
cific device, and
2. Procedures for testing instrument accuracy and proper
operation in accordance with Calibration Checks and
Quality Assurance Procedures approved by the Depart-
ment.

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 Depart-
ment.

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.
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.
C. An applicant for an initial Quality Assurance Specialist permit
or the renewal of an existing Quality Assurance Specialist per-
mit shall complete the form shown as Exhibit C and submitted
to the Department.
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.

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).
Section amended by final rulemaking at 26 A.A.R. 723,
effective June 1, 2020 (Supp. 20-2).

R13-10-108. Examination and Quality Assurance Require-
ments 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 exam-
ined only on the methods that relate to the type of determina-
tion 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, which-
ever is greater. Proficiency testing shall be administered by the
Department as follows:
1. An applicant shall correctly analyze all proficiency sam-
plies 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 suc-
cessfully 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 permit 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).
Exhibit A. Application for Blood Alcohol Analyst Permit

APPLICATION FOR BLOOD ALCOHOL ANALYST PERMIT
ARIZONA DEPARTMENT OF PUBLIC SAFETY

Scientific Analysis Bureau
2102 W. Encanto Blvd.
Phoenix, Arizona 85009
(602) 223-2394

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) (First) (Middle) (Last) (Maiden)

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. 19-1)

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). Exhibit A amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).
Exhibit B. Application for Breath Alcohol Operator Permit

APPLICATION FOR BREATH ALCOHOL OPERATOR PERMIT
ARIZONA DEPARTMENT OF PUBLIC SAFETY

Scientific Analysis Bureau
2102 W. Encanto Blvd.
Phoenix, Arizona 85009
(602) 223-2394

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) (First) (Middle) (Last) (Maiden)

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. 19-1)

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). Exhibit B amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).
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

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) (First) (Middle) (Last) (Maiden)

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. 19-1)

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). Exhibit C amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).
APPLICATION FOR BREATH TESTING INSTRUCTOR

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

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) (First) (Middle) (Last) (Maiden)

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. 19-1)

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 D amended by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).
CHAPTER 10. DEPARTMENT OF PUBLIC SAFETY - ALCOHOL TESTING

Exhibit E-1. Expired

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).
Exhibit E-1 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit E-2. Expired

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-2 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit E-3. Expired

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-3 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit E-4. Expired

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-4 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit E-5. Expired

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).
Exhibit E-5 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit E-6. Expired

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).
Exhibit E-6 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit F-1. Expired

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-1 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit F-2. Expired

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-2 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit F-3. Expired

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).
Exhibit F-3 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit F-4. Expired

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-4 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).

Exhibit F-5. Expired

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).
Exhibit F-5 expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective May 31, 2016 (Supp. 16-3).
Exhibit G-1. Standard Operational Procedure, Intoxilyzer Model 8000

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 _________________________________________________________

(     )  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. Standard Calibration Check Procedure, Intoxilyzer Model 8000

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. Standard Calibration Check Procedure Intoxilyzer, Model 8000 (Option P)

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. Standard Quality Assurance Procedure Intoxilyzer, Model 8000

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. Standard Quality Assurance Procedure Intoxilyze, Model 8000 (Option P)

**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.

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).

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 ___________________________________________

<table>
<thead>
<tr>
<th>SUBJECT TESTS</th>
<th>DIAGNOSTIC CHECKS</th>
<th>CALIBRATION CHECKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. __________ AC TIME ___________ _______ PASS _______ FAIL</td>
<td>0. _____________ AC TIME ___________ _______</td>
<td>0. _____________ AC TIME ___________ _______</td>
</tr>
<tr>
<td>0. __________ AC TIME ___________ _______ PASS _______ FAIL</td>
<td>0. _____________ AC TIME ___________ _______</td>
<td>0. _____________ AC TIME ___________ _______</td>
</tr>
</tbody>
</table>

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).
Exhibit H-1. Standard Operational Procedure Alco Sensor RBT AZ.

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. Standard Calibration Check Procedure Alco Sensor RBT AZ.

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).

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. Standard Calibration Procedure Alco Sensor RBT AZ

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).
Exhibit I-1. Operational Checklist Standard Operational Procedure, Arizona Department of Public Safety, Intoxilyzer Model 9000, Duplicate Breath Test

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 0.020 alcohol concentration.

COMMENTS:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

SIGNATURE _________________________________________________

DPS Form Exh I-1 (Iss 19-01)

Historical Note
Exhibit I-1 made by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).

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

ARIZONA DEPARTMENT OF PUBLIC SAFETY
INTOXILYZER MODEL 9000
PERIODIC MAINTENANCE, STANDARD CALIBRATION CHECK AND
STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST ____________________________ AGENCY ____________________________
DATE ___________________________ TIME _______________________
INTOXILYZER SERIAL # _______________________________

☐ 1. Ensure that gas tank is attached and contains a standard alcohol concentration ________ AC.

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

OPERATIONAL TESTS
☐ 1. Deficient Subject Test (Proper Sample Recognition):
   Deficient Sample printed
☐ 2. Alcohol-free Subject Test (Proper Sample Recognition):
   0. ________ AC
☐ 3. Mouth Alcohol Subject Test (Proper Sample Recognition):
   Invalid Sample – Begin new deprivation period printed
☐ 4. Radio Frequency Interference Test (Error Recognition):
   RFI Detect printed
☐ 5. Standard Calibration Check:
   0. ________ AC
☐ 6. Air Blanks Completed
☐ 7. Timer Reset

Not a Successfully Completed Test Sequence will be printed.
Instrument is operating properly and accurately. YES ______ NO ______

COMMENTS:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

SIGNATURE _______________________________________________

DPS Form Exh I-2 (Iss 19-01)

Historical Note
Exhibit I-2 made by final rulemaking at 26 A.A.R. 723, effective June 1, 2020 (Supp. 20-2).