

**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 \_\_\_\_\_