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)