

To Whom It May Concern:

I hereby attest that Michael T. Maloy, Jr. is a Certified Intoxilyzer Quality Assurance Specialist for the Lake Havasu City Police Department.

I certify that the attached documentation of Standard Quality Assurance Procedures and/or Standard Calibration Check Procedure are full, true and correct copy of the original.

Wichael Malry # 281 Signature # 281

STATE OF ARIZONA)
COUNTY OF MOHAVE)
Subscribed and sworn to before me this day ofAPRIL
2022 by MICHAR MALOY
NOTARY PUBLIC
4-6-22
DATE

Commission expires:



Area Code 928

 Administration
 855-4884
 Fax #'s
 Emergency
 9-1-1

 Business Office
 855-1171
 Administration
 680-5430
 Non-Emergency Dispatch/
 855-4111

 Investigations
 855-5775
 Business Office
 680-5431
 Havasu Silent Witness
 854-TIPS

 Patrol
 855-0515
 Investigations/Patrol
 680-5432
 680-5432

E-mail: police@lhcaz.gov

EXHIBIT I-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 MAINTENTANCE AND STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST M. MALOY # 281 AGENCY LNCPD
DATE 04-06-2022 TIME 1619 HRS
INTOXILYZER SERIAL # 90-003680
1. Ensure that gas tank is attached and contains a standard alcohol concentration O. 100 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. <u>000</u> 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. 097 AC
6. Air Blanks Completed
7. Timer Reset
Not a Successfully Completed Test Sequence will be printed
Instrument is operating properly and accurately. YESNO
COMMENTS:
SIGNATUREMichael Malor for #281
DPS Form Exh I-2 (Rev 19-03)

ARIZONA FORENSIC BREATH ALCOHOL ANALYTICAL REPORT

INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000

QAS: MALOY, MICHAEL

QAS Permit #: 30178

Serial Number: 90-003680

Software Version: 9439.01.00

Analytical Report Number: 36800406220008 Agency: LAKE HAVASU PD

Last 31-Day Check: 03/03/2022 Last Annual Maintenance: 11/15/2021

SUBJECT INFORMATION

Name: 31-Day Check

Test Date: 04/06/2022

Driver's License #:

Gender: Date of Birth:

Age:

15 - Minute Deprivation: Yes OPERATOR INFORMATION

Name: MALOY, MICHAEL Agency: LAKE HAVASU PD

Permit #: 30178

Weight:

State of Issue:

STANDARD INFORMATION

Driver's License Expiration:

Deprivation Start Time: 16:00

Standard Value: 0.100

Standard Lot #: 23621100A4 Expiration Date: 11/05/2023

Bottle #: 002

Last Changed By: SLOWINSKI, JOSEPH

Permit #: 10002

RF	SUI	TS	

Test	g/210L	Time
Air Blank	0.000	16:19:34
Diagnostic Test	PASS	16:20:10
Air Blank	0.000	16:20:47
Calibration Chk	0.097	16:21:09
Air Blank	0.000	16:21:48
Subject Test 1	DEF*	16:25:02
Air Blank	0.000	16:25:49
Air Blank	0.000	16:26:29
Subject Test 2	0.000	16:26:59
Air Blank	0.000	16:27:41
Wait		16:31:45
Air Blank	0.000	16:32:22
Subject Test 3	INV**	16:32:53
Air Blank	RFI***	16:33:06

^{*}Deficient Sample

***RFI Detect

- * Deficient Sample
- ** Invalid Sample Begin new deprivation period
- *** RFI Detect

OPERATOR COMMENTS

^{**}Invalid Sample - Begin new deprivation period

EXCEPTION MESSAGES