

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.

Michael Malon Jr # 281
Signature

| COUNTY OF MOHAVE |) ss) | | |
|------------------------------------|------------------|---------------|--|
| Subscribed and sworn to be 2020 by | efore me this 13 | day of _APPLI | |
| NOTARY PUBLIC | Surt_ |] | |
| 4-13-20 DATE | | | |

Commission expires:

STATE OF ARIZONA



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 | |

E-mail: police@lhcaz.gov

$EXHIBIT~G-2 \\ THIS REPORT PREPARED PURSUANT~TO~DUTY~IMPOSED~BY~A.A.C.~R13-10-104~(A) \\$

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES INTOXILYZER MODEL 8000

STANDARD CALIBRATION CHECK PROCEDURE

| QA SPECIALIST M. MALOY #281 | _AGENCY | LUCPA | | |
|--|------------------|------------------|-----------------------|----------------|
| DATE 04-14-2020 | TIME | 0126 | | |
| INTOXILYZER SERIAL # 80-001029 | LOCATION | LUCPA | BRIEFING | ROOM |
| () 1. Ensure that gas tank is attached to instrument and | contains a stand | dard alcohol cor | acentration solution | 0.100 AC |
| Pour a standard alcohol concentration solution simulator. Ensure that a tight seal has been made. 0.2°C | Turn on the si | mulator and allo | ow temperature to re | each 34°C ± |
| 2. Intoxilyzer 8000 display reads "PUSH BUTTON" 3. Go to the "Control Testing Menu". Select "D" for made press ENTER. | | | t control test. After | r selection is |
| 4. Air blank completed. 5. Calibration check completed. Test results 0. Lo. 6. Air blank completed. | AC. | | | |
| 7. Remove printed record. Attach the record to the co | ompleted check | clist. | | |
| SIGNATURE Michael Malay | a #128 | | | · |
| DPS Form Exh G-2 (Rev 05-01) | | | | |

INTOXILYZER 8000 Location: CHANNEL BOOKING Serial Number: 80-001029 Core Uersion: 8105.48 04/14/2020 01:26:02

Standard Lot#: 35019100Al Last Changed By: M. MALOY JR #281

QAS: M. MALOY JR #281 LAKE HAUASU CITY PG

Operator: M. MALGY JR #281 LAKE HAUASU CITY PD

Test 9/210L Time

Air Blank 0.000 01:26:45
0.100 Cal Check 0.101 01:27:06
Air Blank 0.000 01:27:35

Preventative Maintenance Performed -- Timer Reset

EXHIBIT G-4 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 M. | MALOY # LBI | _AGENCY | LNCPO | | |
|---|--------------------------|------------|---------------|----------|------|
| DATE 04-14-20 | 20 | TIMEO | 257 | | |
| INTOXILYZER SERIAL # | 80-001029 | | | BRIEFING | ROOM |
| (🖍 1. Display Reads "PUS | SH BUTTON TO START" | | | | |
| DIAGNOSTIC TESTS (1. Clock time check. (2. Date check. | | | | | |
| 2. Error recognition lo Not a Succ 3. Proper sample recog Not a Succ | t test result 0 | ce printed | o. 097 | AC. | |
| Instrument is operating proper | erly and accurately. YES | _ NO | | | |
| CHAN | 600 THE GAS STA | modes | | | |
| | LOT # 35019100A | | | | |
| _ | DATE: 02-05-20 | | | | |
| | | | | | |
| SIGNATUREM | chail Moley & #28 |)(| | | |
| l DPS Form Exh G-4 (Rev 05) | 10 | | | | |

| INTOXILYZER 8000 Location: CHANNEL B Serial Number: 80-0 Core Version: 8105. 04/14/2020 | 01029 | 02:57:34 |
|---|--------------------------|--|
| Standard Lot#: 350 Last Changed By: M | 19100A1 . MALOY JR #2 | 81 |
| DAS: M. MALOY JR # LAKE HAUASU CITY P | | |
| Operator: M. MALOY LAKE HAUASU CITY P | D . | |
| Subject: SQAP,TEST DOB: 01/01/2000 Sex: M Weight 15 Minute Depriva | t: 200 | Yes |
| | g/218L | |
| Air Blank Diagnostic Test Air Blank O.100 Cal Check Air Blank Subject Test Air Blank Air Blank | 0.000 | 02:59:01 02:59:39 03:00:06 03:00:27 03:00:56 03:01:12 03:01:19 03:01:27 |
| *Sequence Aborte | d | |

Not a Successfully Completed Test Sequence

**improper Sample

| NTOXILYZER 8000 ocation: CHANNEL BOOKING Serial Number: 80-001029 Core Version: 8105.48 04/14/2020 | 03:02:64 |
|--|----------|
| Standard Lot#: 35019120A1 Last Changed By: M. MALOY JR | #281 |
| DAS: M. MALDY JR #281 LAKE HAUASU CITY PD | |
| Operator: M. MALOY JR #281 LAKE HAUASU CITY PD | |
| Subject: SQRP,TEST DOB: 01/01/2000 Sex: M Weight: 200 | |
| 15 Minute Deprivation Perio | od? Yes |

| Test | g/21 0 L | Time |
|---|---|--|
| Air Blank Diagnostic Test Air Blank D.100 Cal Check Air Blank Subject Test Air Blank Air Blank Subject Test Air Blank | 0.000 Pass 0.000 0.099 0.000 0.000* 0.000 0.000 XXX** RF1*** | 03: 02: 56 03: 03: 03: 34 03: 04: 01 03: 04: 22 03: 04: 51 03: 07: 59 03: 08: 26 03: 08: 53 03: 09: 08 |

Not a Successfully Completed Test Sequence

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD QUALITY ASSURANCE PROCEDURES INTOXILYZER MODEL 8000

STANDARD CALIBRATION CHECK PROCEDURE

| QA SPECIALIST M. MALOY #281 | _AGENCY | LncP | ۵ | |
|--|---|----------------|----------------------|-------------|
| DATE 04-14-2020 | _TIME | 0301 | | |
| INTOXILYZER SERIAL # 80-001029 | LOCATION_ | LUCPD | BRIEFING | ROOM |
| () 1. Ensure that gas tank is attached to instrument and | contains a standa | ard alcohol co | ncentration solution | 0:100 AC |
| Pour a standard alcohol concentration solution simulator. Ensure that a tight seal has been made. 0.2°C 2. Intoxilyzer 8000 display reads "PUSH BUTTON" 3. Go to the "Control Testing Menu". Select "D" for made press ENTER. 4. Air blank completed. 5. Calibration check completed. Test results 0. 09 6. Air blank completed. 7. Remove printed record. Attach the record to the completed. | Turn on the sim O START" dry control test | or "W" for w | ow temperature to re | each 34°C ± |
| SIGNATURE Michael Malor J | V # 281 | | | |
| DPS Form Exh G-2 (Rev 05-01) | | | | |

INTOXILYZER 8000 Location: CHANNEL BOOKING Serial Number: 80-001029 Core Version: 8185.48 03:10:08 04/14/2020 Standard Lot#: 35019100A! Last Changed By: M. MALOY JR #281 _____ QAS: M. MALOY JR #281 LAKE HAUASU CITY PD Operator: M. MALOY JR #281 LAKE HAUASU CITY PD ______ Test g/210L Time Air Blank 0.000 03:10:40 0.100 Cal Check 0.097 03:11:01 Air Blank 0.000 03:11:31

> Preventative Maintenance Performed -- Timer Reset



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID:

12621

Part #

BAC105L100T

Gylinder Size:

105L

Lot Number:

35019100A1

Expiration:

2/5/2022

0.100 BAC (For the calibration of instruments used to determine breath alcohol concentration)

Contents:

105 Litters @ 1000 psig 70°F (21°C)

Analytical

Component

Reported

Accuracy

Analytical

Concentration:

(U, k=2):

Method:

ia · · · indeer

260 PPM Salance +/-0.002 BAC(G/210L) NDIR

[5.2 ppm]

Distributed by:

CMI inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690

www.alcoholtest.com

aceable for Carrified Reference Material - 262.4 µmol/mol rthanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

ondaley Gas Lab Tech

01-06-2020

Issuance Date

