

# METHOD VALIDATION DRAEGER ALCOTEST 9510

## INTERFERENCE/ METHANOL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAH-0084

Sim. Serial Number: DR 2775 Thermometer Serial Number: DR 2775

REAGENT LOT # DH.791

METHANOL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	.009	.009	.009	.009	N
0.150	.027	/	.027	/	Y
0.300					
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

T00011  
0.01 g/210 L  
exp 2-25-14

Attach all 9510 printed documents

<u>Pam O'Brien</u>	<u>6-4-13</u>
NAME OF TECHNICIAN PERFORMING TEST/S	DATE TESTED
<u>K. Denton</u>	<u>6-4-13</u>
NAME OF TECHNICIAN REVIEWING TEST/S	DATE REVIEWED
	<u>KD 6-4-13</u>

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
ALCOTEST 9510 SERIAL NUMBER ARAH-0084  
SOFTWARE VERSION 8322798 0.7  
CONFIGURATION VERSION 8322796 2.2  
DATE OF LAST QAP: 06/04/2013

Analysis Date: **06/04/2013**  
 Observation Period Began: **16:15**  
 Citation/Case Number: **.000**  
 Operator Name: **OBRIEN/ P/ D**  
 Subject Name: **METH/ ANOL/ -**  
 Subject Date of Birth: **01/01/1980**  
 External Standard Lot: **946484**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	16:48		
Internal Standard	VERIFIED	16:48		
Subject Sample 1			1.6	7.6
IR Result	<b>0.009</b>	16:49		
EC Result	<b>0.009</b>	16:49		
Blank Test	0.000	16:50		
Internal Standard IR	0.079	16:50		
External Standard EC	0.078	16:50		
Blank Test	0.000	16:52		
Subject Sample 2			1.7	8.3
IR Result	<b>0.009</b>	16:53		
EC Result	<b>0.009</b>	16:53		
Blank Test	0.000	16:54		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature *DOB* Date 6-4-13  
 Location Signed Seattle Lab

*KD 6-4-13*





# METHOD VALIDATION DRAEGER ALCOTEST 9510

## INTERFERENCE/ METHANOL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAF - 0002

Sim. Serial Number: DR4484 Thermometer Serial Number: DR4484

METHANOL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	0.000	0.000	0.000	0.000	N
0.150	0.024		0.027		Y
0.300					
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

INVALID SAMPLE  
FIRST 2X.

Attach all 9510 printed documents

CAM BIRMAN  
NAME OF TECHNICIAN PERFORMING TEST/S

4-24-13 / 4-25-13  
DATE TESTED

E. McCourt  
NAME OF TECHNICIAN REVIEWING TEST/S

4-25-13  
DATE REVIEWED

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
 ALCOTEST 9510 SERIAL NUMBER ARAF-0002  
 SOFTWARE VERSION 8322798 0.6  
 CONFIGURATION VERSION 8322796 2.0  
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **12:00**  
 Citation/Case Number: **TEST/METHANOL**  
 Operator Name: **BIRMAN/ CAMERON/ M**  
 Subject Name: **METHANOL/ WATER/ONLY/ -**  
 Subject Date of Birth: **01/02/1975**  
 External Standard Lot: **LOT1\_6789012345678901234**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:08		
Internal Standard	VERIFIED	13:08		
Subject Sample 1			1.7	10.3
IR Result	<b>0.000</b>	13:09		
EC Result	<b>0.000</b>	13:09		
Blank Test	0.000	13:10		
Internal Standard IR	0.081	13:10		
External Standard EC	0.082	13:10		
Blank Test	0.000	13:12		
Subject Sample 2			1.7	9.4
IR Result	<b>0.000</b>	13:12		
EC Result	<b>0.000</b>	13:12		
Blank Test	0.000	13:13		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13  
 Location Signed SEATTLE TOX LAB

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
ALCOTEST 9510 SERIAL NUMBER ARAF-0002  
SOFTWARE VERSION 8322798 0.6  
CONFIGURATION VERSION 8322796 2.0  
DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **13:00**  
 Citation/Case Number: **TEST METHANOL**  
 Operator Name: **BIRMAN/ CAMERON/ M**  
 Subject Name: **METHANOL/ .150/ -**  
 Subject Date of Birth: **01/01/1990**  
 External Standard Lot: **LOT1\_6789012345678901234**

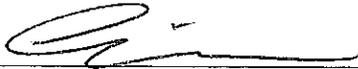
*INVALID SAMPLE*

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:49		
Internal Standard	VERIFIED	13:50		
Subject Sample 1			1.6	10.5
IR Result	-----	13:51		
EC Result	-----	13:51		
Blank Test	-----	--:--		
Internal Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

**Test Not Complete: Status Code 7**

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13  
 Location Signed SEATTLE TOX LAB

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
 ALCOTEST 9510 SERIAL NUMBER ARAF-0002  
 SOFTWARE VERSION 8322798 0.6  
 CONFIGURATION VERSION 8322796 2.0  
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **13:00**  
 Citation/Case Number: **TEST/METHANOL**  
 Operator Name: **BIRMAN/ CAMERON/ M**  
 Subject Name: **METHANOL/ .150/ -**  
 Subject Date of Birth: **01/01/1990**  
 External Standard Lot: **LOT1\_6789012345678901234**

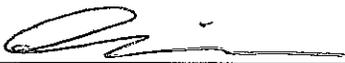
**INVALID SAMPLE**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:59		
Internal Standard	VERIFIED	13:59		
Subject Sample 1			2.0	11.9
IR Result	-----	14:00		
EC Result	-----	14:00		
Blank Test	-----	--:--		
Internal Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

**Test Not Complete: Status Code 7**

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13  
 Location Signed SEATTLE TOX LAB

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST  
ALCOTEST 9510 SERIAL NUMBER ARAF-0002  
SOFTWARE VERSION 8322798 0.6  
CONFIGURATION VERSION 8322796 2.0  
DATE OF LAST QAP: 04/24/2013**

Analysis Date: **04/24/2013**  
 Observation Period Began: **14:00**  
 Citation/Case Number: **TEST/METHANOL**  
 Operator Name: **BIRMAN/ CAMERON/ M**  
 Subject Name: **TEST METHANOL/ .150/ -**  
 Subject Date of Birth: **01/01/1990**  
 External Standard Lot: **LOT1\_6789012345678901234**

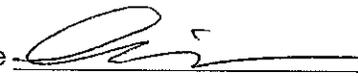
**INTERFERENT  
DETECTED**

<b>Breath Analysis</b>	<b>Result g/210L</b>	<b>Time hh:mm</b>	<b>Volume liters</b>	<b>Blowtime seconds</b>
Blank Test	0.000	14:42		
Internal Standard	VERIFIED	14:43		
Subject Sample 1			2.3	14.2
IR Result	<b>0.024</b>	14:44		
EC Result	<b>0.027</b>	14:44		
Blank Test	-----	---:--		
Internal Standard IR	-----	---:--		
External Standard EC	-----	---:--		
Blank Test	-----	---:--		
Subject Sample 2			-----	-----
IR Result	-----	---:--		
EC Result	-----	---:--		
Blank Test	-----	---:--		

**Test Not Complete: Status Code 8**

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13  
 Location Signed SEATTLE TOX LAB



# METHOD VALIDATION DRAEGER ALCOTEST 9510

## INTERFERENCE/ METHANOL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAH-0081

Sim. Serial Number: DR4484 Thermometer Serial Number: DR4484

LOT # DH791

METHANOL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	.000	.000	.000	.000	N
0.150	.023	—	.028	—	Y
0.300					
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

Attach all 9510 printed documents

E. McCourt  
NAME OF TECHNICIAN PERFORMING TEST/S

4-24-13  
DATE TESTED

William Boger  
NAME OF TECHNICIAN REVIEWING TEST/S

4-25-2013  
DATE REVIEWED

# METHOD VALIDATION DRAEGER ALCOTEST 9510

## INTERFERENCE/ METHANOL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAH-0081

Sim. Serial Number: DR4484 Thermometer Serial Number: DR4484

Reagent Lot number # DH 791

METHANOL	I/R VALUE	E/C VALUE	Interference Detected? Y/N
0.000	0	0	N
0.150	.023	.028	Y
0.300			
0.450			
0.600			
0.750			
0.900			
1.050			
1.200			
1.350			
1.500			
1.650			
1.800			
1.950			
2.100			

Attach all 9510 printed documents

NAME OF TECHNICIAN PERFORMING TEST/S

DATE TESTED

NAME OF TECHNICIAN REVIEWING TEST/S

DATE REVIEWED

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
 ALCOTEST 9510 SERIAL NUMBER ARAH-0081  
 SOFTWARE VERSION 8322798 0.6  
 CONFIGURATION VERSION 8322796 2.0  
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **12:00**  
 Citation/Case Number: **METHANOL**  
 Operator Name: **MCCOURT/ ELIZABETH/ A**  
 Subject Name: **METHANOL/ OO/ -**  
 Subject Date of Birth: **01/01/2000**  
 External Standard Lot: **765817**

<b>Breath Analysis</b>	<b>Result</b> g/210L	<b>Time</b> hh:mm	<b>Volume</b> liters	<b>Blowtime</b> seconds
Blank Test	0.000	13:03		
Internal Standard	VERIFIED	13:03		
Subject Sample 1			1.8	8.1
IR Result	<b>0.000</b>	13:04		
EC Result	<b>0.000</b>	13:04		
Blank Test	0.000	13:05		
External Standard IR	0.079	13:05		
External Standard EC	0.077	13:05		
Blank Test	0.000	13:06		
Subject Sample 2			1.8	8.2
IR Result	<b>0.000</b>	13:07		
EC Result	<b>0.000</b>	13:07		
Blank Test	0.000	13:08		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Location Signed \_\_\_\_\_

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
ALCOTEST 9510 SERIAL NUMBER ARAH-0081  
SOFTWARE VERSION 8322798 0.6  
CONFIGURATION VERSION 8322796 2.0  
DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **14:00**  
 Citation/Case Number: **METHANOL**  
 Operator Name: **MCCOURT/ ELIZABETH/ A**  
 Subject Name: **METHANOL/ M/ -**  
 Subject Date of Birth: **01/01/2000**  
 External Standard Lot: **765817**

*Methanol  
.15*

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	14:35		
Internal Standard	VERIFIED	14:35		
Subject Sample 1			1.7	8.5
IR Result	<b>0.023</b>	14:36		
EC Result	<b>0.028</b>	14:36		
Blank Test	-----	--:--		
External Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

*Inter-*

**Test Not Complete: Status Code 8**

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Location Signed \_\_\_\_\_



# METHOD VALIDATION DRAEGER ALCOTEST 9510

## INTERFERENCE/ METHANOL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAF-0023

Sim. Serial Number: DR4484 Thermometer Serial Number: DR4484

METHANOL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	0.000	0.000	0.000	0.000	N
0.150	0.022		0.027		Y
0.300					
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

Attach all 9510 printed documents

William Bogen  
NAME OF TECHNICIAN PERFORMING TEST/S

4-24-2013  
DATE TESTED

E. McCourt  
NAME OF TECHNICIAN REVIEWING TEST/S

4-25-13  
DATE REVIEWED

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
 ALCOTEST 9510 SERIAL NUMBER ARAF-0023  
 SOFTWARE VERSION 8322798 0.6  
 CONFIGURATION VERSION 8322796 2.0  
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **12:00**  
 Citation/Case Number: **TEST/H2O**  
 Operator Name: **BOGEN/ WILLIAM/ A**  
 Subject Name: **TEST/WATER/ ONLY/ -**  
 Subject Date of Birth: **12/12/2000**  
 External Standard Lot: **765817**

DR 4484

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	12:53		
Internal Standard	VERIFIED	12:53		
Subject Sample 1			2.1	8.2
IR Result	<b>0.000</b>	12:54		
EC Result	<b>0.000</b>	12:54		
Blank Test	0.000	12:55		
External Standard IR	0.081	12:55		
External Standard EC	0.081	12:55		
Blank Test	0.000	12:57		
Subject Sample 2			2.1	9.0
IR Result	<b>0.000</b>	12:57		
EC Result	<b>0.000</b>	12:57		
Blank Test	0.000	12:58		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Location Signed \_\_\_\_\_

**WASHINGTON STATE PATROL  
EVIDENTIARY SUBJECT TEST**  
 ALCOTEST 9510 SERIAL NUMBER ARAF-0023  
 SOFTWARE VERSION 8322798 0.6  
 CONFIGURATION VERSION 8322796 2.0  
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**  
 Observation Period Began: **15:00**  
 Citation/Case Number: **TEST/METH**  
 Operator Name: **BOGEN/ WILLIAM/ A**  
 Subject Name: **TEST/METHANOL/ 0.15/ -**  
 Subject Date of Birth: **12/12/2000**  
 External Standard Lot: **765817**

<b>Breath Analysis</b>	<b>Result g/210L</b>	<b>Time hh:mm</b>	<b>Volume liters</b>	<b>Blowtime seconds</b>
Blank Test	0.000	15:31		
Internal Standard	VERIFIED	15:32		
Subject Sample 1			1.8	6.7
IR Result	<b>0.022</b>	15:33		
EC Result	<b>0.027</b>	15:33		
Blank Test	-----	--:--		
External Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

**Test Not Complete: Status Code 8**

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Location Signed \_\_\_\_\_