



**STATE OF OKLAHOMA  
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

Post Office Box 36307

Oklahoma City, Oklahoma 73136-2307  
Phone: (405) 425-2460 Fax: (405) 425-2490  
www.bot.ok.gov

Dr. Jarrad Wagner, Ph.D. F-ABFT  
Chairman

Joshua Smith  
Director

ATTESTATION

I, the undersigned Joshua Smith (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 (11)(a) this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the regularly conducted business activity of the Board; and was made pursuant to the regularly conducted activity. The duplicate record provided is listed below:

- 1) The attached "Service Overview" is a true and accurate copy of maintenance performed on the Intoxilyzer 8000, serial number 80-002673, in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 18 pages.

Signed 

Name of Position: Director/Records Custodian

Date of Attestation: 05/17/2022

# Service Overview

Board of Tests for Alcohol and Drug Influence  
Ensuring public safety by ensuring the accuracy and scientific reliability  
of blood and breath testing



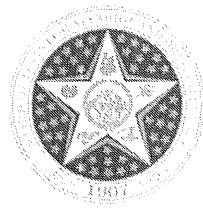
3600 N. Martin Luther King Bldg #9  
Oklahoma City, OK 73111  
405-425-2460

**BENCH CHECK DATE:** 10-15-2019

**SERIAL:** 80-002673

## DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 04-29-2019
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- CMI Estimate
- CMI Work Order
- Mock Subject Test
- BOT Certificates of Analysis on Certified Solutions (4)



**STATE OF OKLAHOMA  
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

Administrative Office at:  
Board of Tests for Alcohol and Drug Influence  
Post Office Box 36307  
Oklahoma City, Oklahoma 73136-2307

**Certificate of Calibration and Operation**

This is to certify that the calibration of **INTOXILYZER 8000**, serial number 80-002673, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to be in compliance with National Highway Traffic Safety Administration Standard for Devices to Measure Breath Alcohol (F.R., No. 179 48705-48710 Sept. 17, 1993) and with International Recommendation OIML R 126 Edition 1998 (E). Calibration solutions are traceable to NIST standard material 1828.

In addition the operational procedures and functions of this Intoxilyzer have also been tested and found to be in compliance with the Oklahoma Board of Tests for Alcohol and Drug Influence - Rules and Regulations OAC Title 40: 25-1-2 and 30-1-3 and is hereby certified for use as an evidential breath testing device within this state.

CERTIFICATION TYPE	DATE
Manufacturer Calibration	09-11-07
Board of Tests Bench Check	06-03-08
Board of Tests Bench Check	10-06-08
Board of Tests Bench Check	08-11-09
Board of Tests Bench Check	03-22-10
Manufacturer Calibration	10-06-11
Board of Tests Bench Check	10-24-11
Board of Tests Bench Check	10-04-13
Board of Tests Bench Check	09-11-15
Manufacturer Calibration	01-04-17
Board of Tests Bench Check	01-23-17
Manufacturer Calibration	04-29-19
Board of Tests Bench Check	10-15-19



Presentation of this form certifies that the Intoxilyzer, SN: 80-002673, functioned properly at the time of the breath test and hereby certifies the breath test result as valid.

Date:

Re: Request for Log of Test on Intoxilyzer 8000

Name:

Dear Sir:

The Log of Test information from a breath test conducted on a Intoxilyzer 8000 is printed in Section 2 of the Affidavit and is no longer retained as a separate form as with the Intoxilyzer 5000. The 8000 uses a nitrogen/ethanol dry gas for the external control test. The dry gas cylinder has the capacity to perform approximately 325 tests and does not require maintenance until its expiration date or can no longer provide the required pressure to perform a control test. The cylinder has an expiration date of two years from date filled at the manufacturer and is programmed in the 8000 upon installation, both dates are printed in Section 2 of the Affidavit. The Intoxilyzer is programmed to disable itself when the date of expiration is reached or the pressure monitor indicates 25 lbs psi.

Due to the reliability and stability of dry gas, maintenance on the 8000 is not required every 30 days or 25 tests, therefore maintenance is no longer performed by officers in the field. The Board of Tests for Alcohol and Drug Influence certifies each Intoxilyzer 8000 for field use by performing a bench check. The bench check is designed to check the operation and procedures programmed in the 8000 to ensure it is functioning properly for use in Oklahoma. A bench check is performed every time a new dry gas cylinder is installed or the instrument has returned from the manufacturer for repair. Once the instrument passes the bench check, all that is required to set it up for field use is to plug it in and turn it on and does not require a permit to set up. The Board of Tests has the ability to monitor each instrument once it is set up in the field.

Each Intoxilyzer has a database of valid permit numbers that it checks prior to allowing a breath test to be performed. The database is updated on a regular basis, if a permit number is invalid that officer will not be able to conduct a breath test on the 8000. If the 8000 prints an affidavit the breath test operator listed in Section 2 had a valid permit at the time of the test and the breath test is valid.

If you have any further questions please feel free to call me.

Sincerely,



J. Robert Blakeburn (OBA11059)  
State Director of Tests for Alcohol  
and Drug Influence

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-000673, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to conform to the National Highway Traffic Safety Administration (NHTSA) Standard for Devices to Measure Breath Alcohol (Federal Register, Vol.58 No.179, pp 48705-48710, Sept. 17, 1993) for accuracy and precision. Reference materials are traceable through the National Institute of Standards and Technology (NIST) to the International System of Units (SI).

Date April 09, 2019

Signed [Signature]  
Technician



316 East 9<sup>th</sup> Street  
Owensboro, KY 42303  
USA

Part No. 650517 Rev.A

**STATE OF OKLAHOMA - BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE  
CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT**

BENCH CHECK DATE 10/15/2019	TIME PROCEDURE BEGAN 11:12:1	INSTRUMENT LOCATION 80-002673
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-002673

**TEST RESULTS**

**Diagnostics**

PASS

**Mouth Alcohol Test**

PASS

**RFI Test**

PASS

**Abort Test**

PASS

**Improper Sample Test**

PASS

**Interferent Detect Test**

PASS

**No Sample Given Test**

PASS

**Insufficient Sample Test**

PASS

**Air Blank Contamination Test**

PASS

**Range Exceeded Test**

PASS


**Duplicate Breath Sampling Results**

Value	Test 1	Test 2	Control Test
.02	0.019	0.019	0.019
.04	0.039	0.038	0.039
.10	0.095	0.094	0.097
.20	0.194	0.194	0.199

PASS

**CERTIFYING TECHNICIAN**

I swear under penalty of perjury that in regards to the above listed instrument, I have complied with the Intoxilyzer Bench Checking Procedure approved by the State of Oklahoma.

SIGNATURE 	DATE 10/15/2019
NAME SMITH, JOSHUA	PERMIT # 0000016837



3600 N. Martin Luther King Bldg #9  
 Oklahoma City, OK 73111  
 405-425-2460

# BENCH CHECK TECHNICIAN'S REPORT

Date: 10/15/19 Start Time: 1030 End Time: 1500

## INSTRUMENT

Intoxilyzer Model 8000 Serial # 80-002673

## GAS CANISTER

LOT # 17919000A2 #020 EXP Date 08-05-2021

## REFERENCE

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3591	DR3753	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
18020	17410	18200	18300
Manufactured Date			
01-09-2018	12-06-2017	07-03-2018	09-19-2018
Expiration Date			
01-09-2020	12-06-2019	07-03-2020	09-19-2020
Solution Commission Date			
<u>10-10-19</u>	<u>10-10-19</u>	<u>10-10-19</u>	<u>10-10-19</u>

## REASON FOR BENCH CHECK

- POST REPAIR  
  CYLINDER REPLACEMENT  
 TROUBLESHOOTING  
  ROUTINE MAINTENANCE

## COMMENTS



16837  
 Technician Signature / Permit #  
Josh Smith  
 Printed Name

Certificate of Analysis - Dry Gas	
09-26-19	.080
Date of Analysis	Labelled target value (g/210L)
# 020	.080
Cylinder #	Average test result
JOSEPH SMITH	<i>[Signature]</i>
BOT Technician Name and Signature	



**ILMO**  
Specialty gases

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ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
09/26/2019 10:16

In accordance with BOT Policy and Procedure Statement BRT-2.2.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.

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

Test	g/210L	Time
Air Blank	0.000	10:17
Cal Check	0.080	10:17
Air Blank	0.000	10:18
Cal Check	0.080	10:18
Air Blank	0.000	10:19
Cal Check	0.080	10:19
Air Blank	0.000	10:19
Cal Check	0.080	10:20
Air Blank	0.000	10:20
Cal Check	0.081	10:21
Air Blank	0.000	10:21
Cal Check	0.080	10:21
Air Blank	0.000	10:22
Cal Check	0.080	10:22
Air Blank	0.000	10:23
Cal Check	0.081	10:23
Air Blank	0.000	10:24
Cal Check	0.080	10:24
Air Blank	0.000	10:25
Cal Check	0.080	10:25
Air Blank	0.000	10:25
Cal Check Stats		
Average	0.0802	
Std Dev	0.0004	
Rel Std Dev(%)	0.5257	

## Certificate of Analysis

Certificate ID: 12204  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 17919080A2 ✓  
Expiration: 8/5/2021 ✓

*Rec'd  
09/01/19  
[Signature]*

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

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component:	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	208 ppm	+/-0.002 BAC(G/210L) [5.2 ppm]	NDIR
Nitrogen			

Distributed by:  
CMI Inc.  
316 East Ninth St  
Owensboro, KY  
Phone 866-835-0111  
[www.alcoholtest.com](http://www.alcoholtest.com)

*[Signature]* 16837  
Operator's Signature

\*Traceable to:  
Certified Reference Material - 262.4 µmol/mol  
Ethanol 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).

*[Signature]*  
Specialty Gas Lab Tech

07-15-19  
Issuance Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.



***CMI*** INC.  
**Service Evaluation Form**

This form **MUST** be completed and enclosed with instrument to be serviced.

Note: Please ship items in their original shipping container.

**Contact information:** Customer Number 731362 (contact Customer Service)  
 Name OKLAHOMA BOARD OF TESTS Phone: (405) 425-2483  
 Fax: (405) 425-2490 Email: JOSHUA.SMITH@BOT.OK.GOV

**Bill to Address:**

BOARD OF TESTS  
PO BOX 36307  
OKLAHOMA CITY OK 73136-2307

**Ship to Address:**

BOARD OF TESTS  
3600 N. MARTIN LUTHER KING AVE.  
OKLAHOMA CITY, OK 73111

Instrument Serial Number: 80-002673

**Detailed Description of Problem:**

UNIT WILL NOT BOOT. MAY HAVE RECORDS IN MEMORY.

**\*\*\*Hazardous Material Warning! – DO NOT return gas cylinders with instrument!\*\*\***

Note: An evaluation fee (\$83 (infrared) or \$43.<sup>50</sup> (fuel cell)) will apply to estimates which are not repaired.

I Authorize Repairs Up To:  All  \$250  \$500  \$750  Other \$ \_\_\_\_\_  
 Purchase Order Number \_\_\_\_\_

After repair, add "Certificate of Calibration" for:  S-D2, S-D5, I-300 (\$19)  
 I-200/200D, I-240, I-400/400PA (\$39)

**Authorized By:**

JOSHUA SMITH BREATH ALC. ADMIN  
 Name (Please Print) Title  
[Signature] 12/28/2018  
 Signature Date

Ship to:

CMI, Inc.  
 Attn: Service Dept.  
 316 East Ninth Street  
 Owensboro, KY 42303

No, please send estimate before repairs are made. An estimate will be faxed before performing any repairs and may cause delays in service.

CMI Inc  
 316 E 9th Street  
 Owensboro KY 42303  
 USA  
 Phone: 866-835-0690  
 Fax: 270-685-6268

**Service Estimate: 403194**

PO #:

<b>Ship To:</b> Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City OK 73136-3000 USA	<b>Customer Number:</b> 731362	<b>Technician Name:</b> Dewayne Varvel
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BT, SHELF

Call Line	Part Number/Description	Revision	Quantity	Service Call Type
1	002480OK UNIT ASSY,I8000,IMAGER/ETH/IMA	ND	1.00 EA	Out of Warranty
<b>Job:</b> SRV4031940001				
<b>Our Part</b>	002480OK		ND	

Serial Number(s): **80-002673**

**Job Material**

Seq. No.	Part	Description	Quantity	Est. Unit Price	Est. Ext. Price
50	530030	TUBING,TYGON, .375IDx.562OD	1.00	FT 7.07	7.07
60	471201	O-RING,BUNA-N,-008,3/16inx5/16	1.00	EA 1.95	1.95
70	020982	SOURCE ASSY	1.00	EA 223.45	223.45
80	650517	CERTIFICATE OF CALIBRATION	2.00	EA 0.00	0.00
90	441169	COVER DUST,5/8in x 1/2in	1.00	EA 0.00	0.00
100	470145	CAP,PLASTIC, .25IDx.50LG,RED	3.00	EA 0.00	0.00
110	470154	CAP,PLSTC, .406IDx.438-.562,RED	1.00	EA 0.00	0.00
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00	EA 0.00	0.00
130	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	2.00	EA 13.08	26.16
140	220284	IC,SMD,FLASH,512KB,PLCC-32	1.00	EA 5.24	5.24
150	320634	SOCKET,IC,SMD,PLCC 32,W/O PEGS	1.00	EA 4.04	4.04
160	140112	DISPLAY,2x20 VFD 9MM	1.00	EA 149.38	149.38
170	320643	HDR,14PIN,2ROW, .100CC,4-SIDED	1.00	EA 2.02	2.02
180	120090	O-RING,GAS CYLINDERS,BUNA-N,70	1.00	EA 0.25	0.25

**Labor, Freight, & Misc. Charges**

Misc Code	Description	Amount
LABR	Service Repair Labor	340.00
LCAL	Service - Calibration Adjust	45.00
LFT	Service - Cal / Final Test	85.00
SVFT	Freight - Service	35.00

**Total: 924.56**

**NOTE: AN EVALUATION FEE WILL APPLY TO ESTIMATES THAT ARE NOT REPAIRED.**

PLEASE SIGN AND FAX TO: 270-685-6268

APPROVED BY:  DATE: 04-02-2019

**\*TAX NOT INCLUDED**

CMI Inc  
316 E 9th Street  
Owensboro KY 42303  
USA  
Phone: 866-835-0690  
Fax: 270-685-6268

Date: 04/02/2019

1118 Page: 2 of 2

PO #:

**Ship To:**

Oklahoma Board Of Tests  
Blvd Adcu Annex Bldg #9  
3600 Martin Luther King  
Oklahoma City OK 73136-3000  
USA

**Service Estimate: 403194**  
**Serial Number(s): 80-002673**



12/18

SERVICE WORK ORDER

DATE: 1/24/2019

316 E 9th Street / Owensboro KY 42303 / USA  
Phone: 866-835-0690 Fax: 270-685-6268

403194

**Bill To:**  
Oklahoma Board Of Tests  
Blvd Adcu Annex Bldg #9  
3600 Martin Luther King  
Oklahoma City, OK 73136-3000  
USA  
Customer #: 731362  
Phone: 405-425-2424  
Fax: 405-425-2490 fax

**Ship To:**  
Oklahoma Board Of Tests  
Blvd Adcu Annex Bldg #9  
3600 Martin Luther King  
Oklahoma City OK 73136-3000  
USA  
Phone: 405-425-2424

**MODEL #:** 0024800K

**Serial Number:** 80-002673

**BILL CODE:** Out of Warranty

**EXTRA PARTS RCVD:**

BT, SHELF

**DESCRIPTION OF PROBLEM**

WILL NOT BOOT. MAY HAVE RECORDS IN MEMORY.

**WORK PERFORMED:**

o-rings cracked; source assy erratic; display dim; data flashes corrupt; tygon tubing dirty; flash prom/socket erratic; replaced parts listed;

**PARTS USED**

Seq. No.	Part	Description	Quantity
50	530030	TUBING,TYGON,.375IDx.562OD	1.00 FT
60	471201	O-RING,BUNA-N,-008,3/16inx5/16	1.00 EA
70	020982	SOURCE ASSY	1.00 EA
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
130	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	2.00 EA
140	220284	IC,SMD,FLASH,512KB,PLCC-32	1.00 EA
150	320634	SOCKET,IC,SMD,PLCC 32,W/O PEGS	1.00 EA
160	140112	DISPLAY,2x20 VFD 9MM	1.00 EA
170	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00 EA
180	120090	O-RING,GAS CYLINDERS,BUNA-N,70	1.00 EA

**LABOR / TESTING**

Misc Code	Description	Hours
LABR	Service Repair Labor	
LCAL	Service - Calibration Adjust	0.50
LFT	Service - Cal / Final Test	1.00

Technician Name: Dewayne Varvel

SRV4031940001



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

13/18

Section 1

ARREST DATE <b>10/16/2019</b>		ARREST TIME <b>0700</b>		COUNTY # <b>55</b>		CITY # <b>76</b>		CITATION # <b>NONE</b>	
ARREST LOCATION <b>NONE</b>				CITY <b>NONE</b>			COUNTY <b>NONE</b>		
SUBJECT NAME <b>MOCK, SUBJECT TEST</b>				DATE OF BIRTH <b>08/09/1961</b>		SEX <b>M</b>	RACE <b>W</b>	HEIGHT <b>510</b>	WEIGHT <b>165</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>				CITY <b>OKLAHOMA CITY</b>			STATE <b>OK</b>		ZIP CODE <b>73133</b>
DRIVER LICENSE # <b>T083454871</b>			EXPIRATION DATE <b>06/30/2019</b>		STATE <b>OK</b>	CLASS <b>A</b>	RESTRICTIONS	ENDORSEMENTS <b>M</b>	
VEHICLE MAKE <b>NONW</b>			MODEL <b>NONE</b>		TAG # <b>NONE</b>		STATE <b>OK</b>	CMV <b>N</b>	PLACARD <b>N</b>

On the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, turnpike, public parking lot, or other public place, or upon a private road, street, alley or lane which provides access to one or more single or multi-family dwelling within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law.

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST. POST REPAIR. NEW GAS CANISTER INSTALL**

Describe person's condition (odor, actions, etc.):

**NONE**

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-002673</b>		SPECIALIST <b>BOARD OF TESTS</b>																																					
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>		PERMIT NUMBER <b>16837</b>																																					
MANUFACTURER <b>ILMO</b>		LOT # <b>17919080A2</b>		DATE CYLINDER INSTALLED <b>10/15/2019</b>	DATE CYLINDER EXPIRES <b>08/05/2021</b>																																				
OBSERVATION START <b>0720</b>	TEST DATE <b>10/16/2019</b>	MOUTHPIECE <b>G</b>	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.  I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>07:50</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>07:51</td></tr> <tr><td>Breath Volume</td><td>2.710 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:52</td></tr> <tr><td>Wait</td><td></td><td>07:53</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:54</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>07:54</td></tr> <tr><td>Breath Volume</td><td>1.656 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:55</td></tr> <tr><td>Cal Check</td><td>0.07</td><td>07:55</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:56</td></tr> </tbody> </table>						Test	g/210L	Time	Air Blank	0.00	07:50	Subject Test	0.00	07:51	Breath Volume	2.710 LITERS		Air Blank	0.00	07:52	Wait		07:53	Air Blank	0.00	07:54	Subject Test	0.00	07:54	Breath Volume	1.656 LITERS		Air Blank	0.00	07:55	Cal Check	0.07	07:55	Air Blank	0.00	07:56
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Cal Check	0.07	07:55																																							
Air Blank	0.00	07:56																																							
SIGNATURE OF OPERATOR			NAME <b>SMITH, JOSHUA</b>																																						
			BADGE # <b>000000435</b>																																						
			PERMIT # <b>0000016837</b>																																						
			AGENCY <b>BOARD OF TESTS</b>																																						

**EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation** is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. To appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an administrative hearing on the Department approved form, within fifteen (15) days from the date you received notice of revocation or disqualification.

Section 3

The approved hearing request form is available at <https://www.ok.gov/dps/documents/ReqHearing.pdf>. Submit your hearing request form in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK 73136. It shall be a misdemeanor punishable by imprisonment for not less than seven (7) days nor more than six (6) months, or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment, for any person to apply for a renewal or a replacement license to operate a motor vehicle while the person's license, permit, or other evidence of driving privilege is in the custody of a law enforcement officer or the Department.

**SERVING OF NOTICE:** I personally hand-delivered a copy of the above containing the Notice of Revocation to the person named in Section 1 above.

Date served: **10/16/2019** Signature of officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

In accordance with Title 12 O.S. Section 426, "I state under **penalty of perjury** under the laws of Oklahoma that the foregoing is true and correct." Section 4

Date: **10/16/2019** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME <b>SMITH, JOSHUA</b>		AGENCY <b>BOARD OF TESTS</b>	
BADGE <b>000000435</b>	AGENCY ADDRESS <b>INTER-AGENCY</b>		PHONE <b>"4054252460"</b>
		ZIP CODE <b>00000</b>	

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

No Temporary License Issued:  
Test Below Legal Limit

OFFICER/DPS COPY  
BOT Form AFF01 01/2019

# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

14/18

Section 1

ARREST DATE <b>10/16/2019</b>		ARREST TIME <b>0700</b>		COUNTY # <b>55</b>	CITY # <b>76</b>	CITATION # <b>NONE</b>		
ARREST LOCATION <b>NONE</b>				CITY <b>NONE</b>		COUNTY <b>NONE</b>		
SUBJECT NAME <b>MOCK, SUBJECT TEST</b>				DATE OF BIRTH <b>08/09/1961</b>	SEX <b>M</b>	RACE <b>W</b>	HEIGHT <b>510</b>	WEIGHT <b>165</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>				CITY <b>OKLAHOMA CITY</b>		STATE <b>OK</b>	ZIP CODE <b>73133</b>	
DRIVER LICENSE # <b>T083454871</b>		EXPIRATION DATE <b>06/30/2019</b>		STATE <b>OK</b>	CLASS <b>A</b>	RESTRICTIONS	ENDORSEMENTS <b>M</b>	
VEHICLE MAKE <b>NONW</b>		MODEL <b>NONE</b>		TAG # <b>NONE</b>		STATE <b>OK</b>	CMV <b>N</b>	PLACARD <b>N</b>

On the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, turnpike, public parking lot, or other public place, or upon a private road, street, alley or lane which provides access to one or more single or multi-family dwelling within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law.

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST. POST REPAIR. NEW GAS CANISTER INSTALL**

Describe person's condition (odor, actions, etc.):

**NONE**

**THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST**

**BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.**

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-002673</b>	SPECIALIST <b>BOARD OF TESTS</b>																																					
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>																																					
MANUFACTURER <b>ILMO</b>		LOT # <b>17919080A2</b>	DATE CYLINDER INSTALLED <b>10/15/2019</b>	DATE CYLINDER EXPIRES <b>08/05/2021</b>																																				
OBSERVATION START <b>0720</b>	TEST DATE <b>10/16/2019</b>	MOUTHPIECE <b>G</b>	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p>_____ SIGNATURE OF OPERATOR</p> <p>NAME <b>SMITH, JOSHUA</b></p> <p>BADGE # <b>0000000435</b></p> <p>PERMIT # <b>0000016837</b></p> <p>AGENCY <b>BOARD OF TESTS</b></p>																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>07:50</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>07:51</td></tr> <tr><td>Breath Volume</td><td>2.710 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:52</td></tr> <tr><td>Wait</td><td></td><td>07:53</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:54</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>07:54</td></tr> <tr><td>Breath Volume</td><td>1.656 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:55</td></tr> <tr><td>Cal Check</td><td>0.07</td><td>07:55</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>07:56</td></tr> </tbody> </table>					Test	g/210L	Time	Air Blank	0.00	07:50	Subject Test	0.00	07:51	Breath Volume	2.710 LITERS		Air Blank	0.00	07:52	Wait		07:53	Air Blank	0.00	07:54	Subject Test	0.00	07:54	Breath Volume	1.656 LITERS		Air Blank	0.00	07:55	Cal Check	0.07	07:55	Air Blank	0.00	07:56
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**EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation** is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. To appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an administrative hearing **on the Department approved form**, within fifteen (15) days from the date you received notice of revocation or disqualification. **The approved hearing request form is available at <https://www.ok.gov/dps/documents/ReqHearing.pdf>**. Submit your hearing request form in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK 73136. It shall be a misdemeanor punishable by imprisonment for not less than seven (7) days nor more than six (6) months, or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment, for any person to apply for a renewal or a replacement license to operate a motor vehicle while the person's license, permit, or other evidence of driving privilege is in the custody of a law enforcement officer or the Department.

Section 3

**SERVING OF NOTICE:** I personally hand-delivered a copy of the above containing the Notice of Revocation to the person named in Section 1 above.

Date served: **10/16/2019** Signature of officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

In accordance with Title 12 O.S. Section 426, "I state under **penalty of perjury** under the laws of Oklahoma that the foregoing is true and correct."

Section 4

Date: **10/16/2019** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME <b>SMITH, JOSHUA</b>		AGENCY <b>BOARD OF TESTS</b>	
BADGE <b>0000000435</b>	AGENCY ADDRESS <b>INTER-AGENCY</b>	ZIP CODE <b>00000</b>	PHONE <b>"4054252460"</b>

No Temporary License Issued:  
Test Below Legal Limit

Certificate of Analysis - Wet Bath	
09-26-19	.020
Date of Analysis	Labelled target value (g/210L)
18020	.0201
Lot Number	Average test result (g/210L)
Josh Smith	<i>[Signature]</i>
BRT Technician Name and Signature	



**GUTH LABORATORIES, INC.**

BURG, PA 17111-4511 • TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

*REC'D  
09-25-2019*

*[Signature]*

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
19/26/2019 14:01

ed Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	14:01
Cal Check	0.020	14:02
Air Blank	0.000	14:02
Cal Check	0.020	14:03
Air Blank	0.000	14:04
Cal Check	0.020	14:04
Air Blank	0.000	14:05
Cal Check	0.020	14:06
Air Blank	0.000	14:06
Cal Check	0.021	14:07
Air Blank	0.000	14:07
Cal Check	0.020	14:08
Air Blank	0.000	14:09
Cal Check	0.020	14:09
Air Blank	0.000	14:10
Cal Check	0.020	14:11
Air Blank	0.000	14:11
Cal Check	0.020	14:12
Air Blank	0.000	14:12
Cal Check	0.020	14:13
Air Blank	0.000	14:14
Cal Check Stats		
Average	0.0201	
Std Dev	0.0003	
Rel Std Dev(%)	1.5731	

Random Samples of Lot Number 18020 of  
1 Reference Solution for Simulator were analyzed by  
chromatography on January 11, 2018, using a Perkin Elmer Gas  
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain  
(w/vol) ethyl alcohol. The expiration date for this lot  
is January 9, 2020 at 11:59 PM.

When used in a calibrated Simulator, operating at  
+/- .2°C, this solution will give a breath alcohol  
instrument reading of 0.020 g/210L +/- 3%.

The alcohol and water used in this solution were  
test interfering substances.

*[Signature]*  
16837  
Operator's Signature

*Ted L. Pauley*

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number FN08031603 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights.  
Calibration verification is done prior to each use utilizing NIST traceable weights.

Certificate of Analysis - Wet Bath	
09-25-19	0.040
Date of Analysis	Labelled target value (g/210L)
17410	0.0399
Lot Number	Average test result (g/210L)
Josh Smith <i>[Signature]</i>	
SOT Technician Name and Signature	



**ES, INC.**  
17111-4511 • TELEPHONE: 717-564-5470

*REC'D  
09-25-2019  
[Signature]*

BRT Form 6.0

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-002591  
09/25/2019 12:08

ed Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	12:09
Cal Check	0.039	12:10
Air Blank	0.000	12:10
Cal Check	0.040	12:11
Air Blank	0.000	12:11
Cal Check	0.040	12:12
Air Blank	0.000	12:13
Cal Check	0.041	12:13
Air Blank	0.000	12:14
Cal Check	0.040	12:15
Air Blank	0.000	12:15
Cal Check	0.040	12:16
Air Blank	0.000	12:16
Cal Check	0.040	12:17
Air Blank	0.000	12:18
Cal Check	0.040	12:18
Air Blank	0.000	12:19
Cal Check	0.040	12:20
Air Blank	0.000	12:20
Cal Check	0.039	12:21
Air Blank	0.000	12:21
Cal Check Stats		
Average	0.0399	
Std Dev	0.0005	
Rel Std Dev(%)	1.4226	

Random Samples of Lot Number 17410 of  
1 Reference Solution for Simulator were analyzed by  
chromatography on December 7, 2017, using a Perkin Elmer Gas  
tograph Autosystem XL S/N: 610N9030209, and found to contain  
5 (w/vol) ethyl alcohol. The expiration date for this lot  
is December 6, 2019 at 11:59 PM.

When used in a calibrated Simulator, operating at  
+/- .2°C, this solution will give a breath alcohol  
s instrument reading of 0.040 g/210L +/- 3%.

The alcohol and water used in this solution were  
test interfering substances.

*[Signature]*  
Operator's Signature 16837

*Ted L. Pauley*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number FN12181501 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



Certificate of Analysis - Wet Bath	
09-25-19	.200
Date of Analysis	Labelled target value (g/210L)
18300	.2029
Lot Number	Average test result (g/210L)
Josh Smith	<i>[Signature]</i>
IOT Technician Name and Signature	



**GUTH LABS, INC.**  
 11-4511 • TELEPHONE: 717-564-5470

*Recvd  
 09/25/19  
 [Signature]*

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

BRT Form 6.0

**CERTIFICATE OF ANALYSIS**

ALPHR INSTRUMENT  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-002591  
 09/25/2019 13:22

Test	g/210L	Time
Air Blank	0.000	13:23
Cal Check	0.202	13:24
Air Blank	0.000	13:24
Cal Check	0.203	13:25
Air Blank	0.000	13:25
Cal Check	0.203	13:26
Air Blank	0.000	13:27
Cal Check	0.203	13:27
Air Blank	0.000	13:28
Cal Check	0.203	13:29
Air Blank	0.000	13:29
Cal Check	0.203	13:30
Air Blank	0.000	13:31
Cal Check	0.203	13:31
Air Blank	0.000	13:32
Cal Check	0.203	13:33
Air Blank	0.000	13:33
Cal Check	0.203	13:34
Air Blank	0.000	13:34
Cal Check	0.203	13:35
Air Blank	0.000	13:36
Cal Check Stats		
Average	0.2029	
Std Dev	0.0003	
Rel Std Dev(%)	0.1558	

ied Alcohol Reference Solution for Simulator

Random Samples of Lot Number 18300 of  
 ol Reference Solution for Simulator were analyzed by  
 chromatography on September 21, 2018, using a Perkin Elmer Gas  
 atograph Autosystem XL S/N: 610N9030209, and found to contain  
 % (w/vol) ethyl alcohol. The expiration date for this lot  
 r is September 19, 2020 at 11:59 PM.

When used in a calibrated Simulator, operating at  
 +/- .2°C, this solution will give a breath alcohol  
 is instrument reading of 0.200 g/210L +/- 3%.

The alcohol and water used in this solution were  
 f test interfering substances.

*[Signature]*  
 1837  
 Operator's Signature

*Ted L. Pauley*  
 Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

**NIST Traceability:**  
 Testing was conducted using Cerilliant Reference Standard lot number FN08101505 whose values are traceable to NIST.  
 All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Certificate of Analysis - Wet Bath	
09-25-19	.100
Date of Analysis	Labelled target value (g/210L)
18200	.1032
Lot Number	Average test result (g/210L)
JOSH SMITH	
BRT Technician Name and Signature	



**GUTH LABORATORIES, INC.**  
 HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

RECV'd  
 09/26/2019

**CERTIFICATE OF ANALYSIS**

ALPHA INSTRUMENT  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-002591  
 09/25/2019 12:23

Test	g/210L	Time
Air Blank	0.000	12:24
Cal Check	0.103	12:24
Air Blank	0.000	12:25
Cal Check	0.104	12:26
Air Blank	0.000	12:26
Cal Check	0.103	12:27
Air Blank	0.000	12:28
Cal Check	0.104	12:28
Air Blank	0.000	12:29
Cal Check	0.103	12:30
Air Blank	0.000	12:30
Cal Check	0.103	12:31
Air Blank	0.000	12:31
Cal Check	0.103	12:32
Air Blank	0.000	12:33
Cal Check	0.103	12:33
Air Blank	0.000	12:34
Cal Check	0.103	12:35
Air Blank	0.000	12:35
Cal Check	0.103	12:36
Air Blank	0.000	12:36
Cal Check Stats		
Average	0.1032	
Std Dev	0.0004	
Rel Std Dev(%)	0.4085	

Standard Alcohol Reference Solution for Simulator

Random Samples of Lot Number 18200 of

1 Reference Solution for Simulator were analyzed by chromatography on July 6, 2018, using a Perkin Elmer Gas Chromatograph Model XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) alcohol. The expiration date for this lot is July 3, 2020 at 11:59 PM.

When used in a calibrated Simulator, operating at +/- .2°C, this solution will give a breath alcohol instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were test interfering substances.

Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

Operator's Signature

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number FN04271602 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.