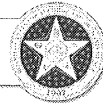


# Service Overview

Board of Tests for Alcohol and Drug Influence

Enhancing 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:** 07-10-2017

**SERIAL:** 80-002898

## **DOCUMENTATION WITHIN SERVICE PACKET:**

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 06-23-17
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- 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 80-002898, 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	12-07-07
Board of Tests Bench Check	04-23-08
Board of Tests Bench Check	11-23-09
Board of Tests Bench Check	09-26-11
Board of Tests Bench Check	08-06-13
Board of Tests Bench Check	06-02-15
Manufacturer Calibration	06-23-17
Board of Tests Bench Check	07-10-17



Presentation of this form certifies that the Intoxilyzer, SN: 80-002898, functioned properly at the time of the breath test and hereby certifies the breath test result as valid.

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-00289, 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 June 23, 2017 Signed [Signature]  
Technician



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

Part No. 650517 Rev.A

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,

A handwritten signature in black ink, appearing to read "J. Robert Blakeburn". The signature is written in a cursive style with some flourishes.

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

**STATE OF OKLAHOMA - DEPARTMENT OF PUBLIC SAFETY  
CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT**

BENCH CHECK DATE 07/10/2017	TIME PROCEDURE BEGAN 09:01	INSTRUMENT LOCATION 80-002898
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-002898

**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

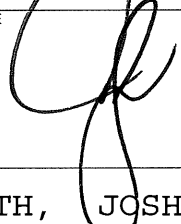
**Duplicate Breath Sampling Results**

Value	Test 1	Test 2	Control Test
.02	0.019	0.018	0.019
.04	0.039	0.039	0.040
.10	0.099	0.099	0.101
.20	0.202	0.201	0.204

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 07-10-17
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: 7 / 10 / 17 Start Time: 0840 End Time: 1025

## INSTRUMENT

Intoxilyzer Model 8000 Serial # 80-002898

## GAS CANISTER

LOT # 12317080A3 # 010 EXP Date 7-5-2019

## REFERENCE

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3591	DR3753	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
16400	16320	17130	17090
Manufactured Date			
12-12-2016	10-21-2016	04-03-2017	02-24-2017
Expiration Date			
12-12-2018	10-21-2018	04-03-2019	02-24-2019
Solution Commission Date			
<u>7-5-17</u>	<u>7-5-17</u>	<u>7-5-17</u>	<u>7-5-17</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	
7-5-17	.080
Date of Analysis	Labelled target value (g/210L)
010	.0806
Cylinder #	Average test result
Josh Smith	<i>[Signature]</i>
BOT Technician Name and Signature	



BRT Form 5.0  
**ISO/IEC 17025:2005 Accredited Laboratory**

ALPHA INSTRUMENT  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-002591  
 07/05/2017 12:53

In accordance with BOT Policy and Procedure Statement BRT-2.1.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.

Test	g/210L	Time
Air Blank	0.000	12:54
Cal Check	0.080	12:54
Air Blank	0.000	12:55
Cal Check	0.080	12:55
Air Blank	0.000	12:55
Cal Check	0.081	12:56
Air Blank	0.000	12:56
Cal Check	0.080	12:57
Air Blank	0.000	12:57
Cal Check	0.081	12:57
Air Blank	0.000	12:58
Cal Check	0.081	12:58
Air Blank	0.000	12:59
Cal Check	0.081	12:59
Air Blank	0.000	13:00
Cal Check	0.081	13:00
Air Blank	0.000	13:01
Cal Check	0.081	13:01
Air Blank	0.000	13:02
Cal Check	0.080	13:02
Air Blank	0.000	13:02
Cal Check Stats		
Average	0.0806	
Std Dev	0.0005	
Rel Std Dev(%)	0.6406	

## Certificate of Analysis

Certificate ID: 10235 ✓  
 Part #: BAC105L080T  
 Cylinder Size: 105L  
 Lot Number: 12317080A3 ✓  
 Expiration: 7/5/2019 ✓

REC'D  
 07/03/17  
*[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:	Concentration:	Accuracy:	Method:
Ethanol	208 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*[Signature]* 16837  
 Operator's Signature

\*NIST Standard Reference Material  
 Cylinder No. CC 274507 / Job No. 09160309  
 Certified 362.2 µmol/mol Ethanol in Nitrogen  
 for ILMO Products Co., Jacksonville, IL

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

06-01-17  
 Date

**Distributed by:**  
 CMI Inc.  
 316 East Ninth Street  
 Owensboro, KY 42303  
 Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)



# CMI INC.

## Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.  
Failure to complete and return this form may cause delays in service.

**(Note: please ship items in their original shipping container(s) or a similar protective box.)**

1. Contact information: Customer Number **731362** (contact Customer Service)  
Name: **Board of Tests** Phone: **(405) 425 2460**  
Fax: **(405) 425 2490** Email: **bot@dps.state.ok.us**

2. Bill to Address: **Board of Tests** Ship to Address: **Board of Tests**  
**3600 N ML King, Bldg 9** **3600 N ML King, Bldg 9**  
**OKC, OK 73111** **OKC, OK 73111**

3. Serial Number: **80-002898** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:  
**Flow sensor R:value low. Breath samples hard to deliver.**

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

I Authorize Repairs Up To:  All  \$250  \$500  \$750  Other \$ \_\_\_\_\_  
Purchase Order Number (attach a copy of P.O. if applicable) \_\_\_\_\_

Authorized By:

Ship to:

**Joshua Smith**

Breath Alcohol Testing  
Program Administrator

Name (Please Print)

Title

CMI, Inc

Signature

**04/07/2017**

Date

Attn: Service Dept.

316 East Ninth Street

Owensboro, KY 42303

Call: 405-425-2460 fax 405-425-2490

No, please send estimate before repairs are made.

Note: An estimate will be faxed before performing any repairs and may cause delays in service.  
An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.





# SERVICE WORK ORDER

DATE	4-11-17
RCVD VIA	LIPS

316 E. 9<sup>th</sup> St., Owensboro KY 42303  
 Phone 866-835-0690  
 Fax: 270-685-6268

400037
--------

<b>BILL TO:</b>
ATTN:
CITY STATE ZIP
CUSTOMER NO. 731362
PHONE

<b>SHIP TO:</b> UK Board of Tests
ATTN:
3600 N Mill King Bldg 9
CITY STATE ZIP OKC OK 73111
PHONE 405-425-2460
FAX 405-425-2490

MODEL # 8000	SERIAL # 50-002898	002480 OK	BILL CODE /
EXTRA PARTS RCVD <input checked="" type="checkbox"/> 131, gas shelf, no battery			
DESCRIPTION OF PROBLEM Flow sensor R; value low			

**Infrared / Fuel Cell**  
 PRELIMINARY TEST INFORMATION  
 BATTERY-EXT NA V; INT 2.98 V  
 Flow sensor R; value 96-98. Sim return  
 O-ring missing. DVM's low, out  
 of spec. VERIFIED PROBLEM?  YES

PARTS USED		
QTY	PART NO.	DESCRIPTION
1	210120	Sensor, SMD
1	471201	O-ring

**WORK PERFORMED:**

Replaced flow sensor and missing  
 O-ring.  
 Reset preamp gains to bring DVM's  
 up into spec.

**Miscellaneous**  
 PRELIMINARY TEST INFORMATION

**WORK PERFORMED:**

KA

REPAIR GTW	CAL. ADJ. OOP	CALIBRATION OOP	FINAL OOP
1/2 HOURS 4	HOURS 0.5	HOURS 1.0	HOURS 1.0
DATE June 22, 17	DATE June 23, 17	DATE June 23, 17	DATE June 23, 17

SHIPPING STICKER HERE
SPECIAL SHIPPING INSTRUCTIONS

# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE <b>07/10/2017</b>		ARREST TIME <b>0945</b>		COUNTY # <b>55</b>		CITY # <b>54</b>		CITATION # <b>90123</b>	
ARREST LOCATION <b>MOCK</b>				CITY <b>MOCK</b>			COUNTY <b>MOCK</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 <b>NONE</b>	ENDORSEMENTS <b>NONE</b>	
VEHICLE MAKE <b>MOCK</b>		MODEL <b>MOCK</b>		TAG # <b>MOCK</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>80-002898</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>12317080A3</b>		DATE CYLINDER INSTALLED <b>07/10/2017</b>	DATE CYLINDER EXPIRES <b>07/05/2019</b>																																	
OBSERVATION START <b>1000</b>	TEST DATE <b>07/10/2017</b>	MOUTHPIECE <b>G</b>	<p style="text-align: center;">A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p style="text-align: center;">I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;">_____ SIGNATURE OF OPERATOR</p>																																			
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NAME <b>SMITH, JOSHUA</b>		BADGE # <b>0000000435</b>		PERMIT # <b>0000016837</b>																																		
AGENCY <b>BOARD OF TESTS</b>																																						



<p>Test Result BrAC g/210L <b>0.00</b></p>
--

**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 **within fifteen (15) days from the date you received notice of revocation or disqualification**. Submit your **written** request in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK, 73136

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: **07/10/2017** 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: **07/10/2017** 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>	

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 07/2008

# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE <b>07/10/2017</b>		ARREST TIME <b>0945</b>		COUNTY # <b>55</b>		CITY # <b>54</b>		CITATION # <b>90123</b>		
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VEHICLE MAKE <b>MOCK</b>			MODEL <b>MOCK</b>			TAG # <b>MOCK</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>80-002898</b>		SPECIALIST <b>BOARD OF TESTS</b>																																			
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>		PERMIT NUMBER <b>16837</b>																																			
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OBSERVATION START <b>1000</b>	TEST DATE <b>07/10/2017</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>																																				
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NAME <b>SMITH, JOSHUA</b>		BADGE # <b>0000000435</b>	PERMIT # <b>0000016837</b>																																				
AGENCY <b>BOARD OF TESTS</b>																																							
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <p>Test Result BrAC g/210L <b>0.00</b></p> </td> </tr> </table>			<p>Test Result BrAC g/210L <b>0.00</b></p>																																	
<p>Test Result BrAC g/210L <b>0.00</b></p>																																							

**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 **within fifteen (15) days from the date you received notice of revocation or disqualification**. Submit your **written** request in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK, 73136

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: **07/10/2017** 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: **07/10/2017** 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>		PHONE <b>"4054252460"</b>

No Temporary License Issued:  
Test Below Legal Limit

ARRESTEE'S COPY  
BOT Form AFF02 07/2008

Certificate of Analysis - Wet Bath	
05-05-17	.020
Date of Analysis	Labelled target value (g/210L)
16400	.0195
Lot Number	Average test result (g/210L)
Jbst Smith	
BOT Technician Name and Signature	



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

BRT Form 6.0

In accordance with BRT - 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

INTOXILYZER 8000  
 Instrument Initialization  
 8133.12  
 14:48 05/05/2017

Certified Alcohol Reference Solution for Simulator

Rec'd  
 4/01/2017  
 #16837

Random Samples of Lot Number 16400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 13, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0241% (w/vol) ethyl alcohol. The expiration date for this lot

ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-004923  
 05/05/2017 14:56

Test	g/210L	Time
Air Blank	0.000	14:57
Cal Check	0.020	14:58
Air Blank	0.000	14:58
Cal Check	0.020	14:59
Air Blank	0.000	14:59
Cal Check	0.019	15:00
Air Blank	0.000	15:01
Cal Check	0.020	15:02
Air Blank	0.000	15:03
Cal Check	0.020	15:03
Air Blank	0.000	15:04
Cal Check	0.019	15:04
Air Blank	0.000	15:05
Cal Check	0.019	15:05
Air Blank	0.000	15:06
Cal Check	0.019	15:06
Air Blank	0.000	15:07
Cal Check	0.019	15:08
Air Blank	0.000	15:08
Cal Check	0.019	15:09
Air Blank	0.000	15:09
Cal Check Stats		
Average	0.0195	
Std Dev	0.0005	
Rel Std Dev(%)	2.7026	

number is **December 12, 2018** at 11:59 PM.

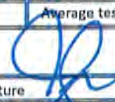
When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.020 g/210L +/- 3%.

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

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

*NIST Traceability:*  
 Testing was conducted using Cerilliant Reference Standard lot number FN11241503 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.

#16837

Certificate of Analysis – Wet Bath	
3-8-2017	.040
Date of Analysis	Labelled target value (g/210L)
16320	.0409
Lot Number	Average test result (g/210L)
Josh Smith 	
BOT Technician Name and Signature	




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 BURG, PA 17111-4511 • TELEPHONE: 717-564-6470

BRT Form 6.0

In accordance with BRT – 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

*REC'D  
 03/01/17  
  
 #16837*

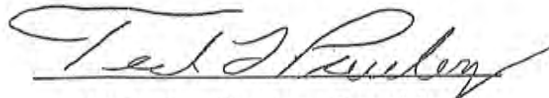
Random Samples of Lot Number **16320** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 25, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0495%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 21, 2018** at 11:59 PM.

ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-004923  
 03/08/2017 11:16

Test	g/210L	Time
Air Blank	0.000	11:16
Cal Check	0.041	11:17
Air Blank	0.000	11:17
Cal Check	0.041	11:18
Air Blank	0.000	11:19
Cal Check	0.040	11:19
Air Blank	0.000	11:20
Cal Check	0.041	11:21
Air Blank	0.000	11:21
Cal Check	0.041	11:22
Air Blank	0.000	11:22
Cal Check	0.041	11:23
Air Blank	0.000	11:24
Cal Check	0.041	11:24
Air Blank	0.000	11:25
Cal Check	0.040	11:26
Air Blank	0.000	11:26
Cal Check	0.042	11:27
Air Blank	0.000	11:27
Cal Check	0.041	11:28
Air Blank	0.000	11:29
Cal Check Stats		
Average	0.0409	
Std Dev	0.0005	
Rel Std Dev(%)	1.3878	

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.040 g/210L +/- 3%**.

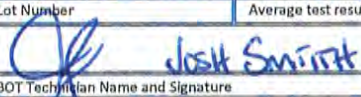
The alcohol and water used in this solution were free of test interfering substances.

  
 Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

*Signature*  
 #16837

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number FN1218501 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	
06/15/2017	.10
Date of Analysis	Labelled target value (g/210L)
17130	.1015
Lot Number	Average test result (g/210L)
 BOT Technician Name and Signature	



**GUTH LABORATORIES, INC.**

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

BRT Form 6.0

In accordance with BRT - 2.1.0, 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  
06/09/2017  
[Signature]*

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
06/15/2017

SN 80-004923  
16:25

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **17130** ✓ of

Test	g/210L	Time
Air Blank	0.000	16:26
Cal Check	0.102	16:26
Air Blank	0.000	16:27
Cal Check	0.102	16:28
Air Blank	0.000	16:28
Cal Check	0.101	16:29
Air Blank	0.000	16:29
Cal Check	0.102	16:30
Air Blank	0.000	16:31
Cal Check	0.101	16:31
Air Blank	0.000	16:32
Cal Check	0.101	16:33
Air Blank	0.000	16:33
Cal Check	0.102	16:34
Air Blank	0.000	16:34
Cal Check	0.101	16:35
Air Blank	0.000	16:36
Cal Check	0.102	16:36
Air Blank	0.000	16:37
Cal Check	0.101	16:38
Air Blank	0.000	16:38
Cal Check Stats		
Average	0.1015	
Std Dev	0.0005	
Rel Std Dev(%)	0.5192	

Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 6, 2017**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1212%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 3, 2019** at 11:59 PM. ✓

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**. ✓

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

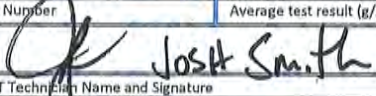
*Ted L. Pauley*

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*[Signature]*  
16037  
Operator's Signature

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number **FN08051301** 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	
06-16-17	1.20
Date of Analysis	Labelled target value (g/210L)
17090	1.2045
Lot Number	Average test result (g/210L)
 BOT Technician Name and Signature	



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

BRT Form 6.0

In accordance with BRT - 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

REC'D  
 06/09/17  
  
 16837

**CERTIFICATE OF ANALYSIS**

ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-004923  
 06/16/2017 10:52

Certified Alcohol Reference Solution for Simulator


Random Samples of Lot Number 17090 of


Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 27, 2017, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.2416% (w/vol) ethyl alcohol. The expiration date for this lot number is February 24, 2019 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.200 g/210L +/- 3%.

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

Test	g/210L	Time
Air Blank	0.000	10:53
Cal Check	0.204	10:53
Air Blank	0.000	10:54
Cal Check	0.205	10:55
Air Blank	0.000	10:55
Cal Check	0.205	10:56
Air Blank	0.000	10:57
Cal Check	0.205	10:57
Air Blank	0.000	10:58
Cal Check	0.205	10:59
Air Blank	0.000	10:59
Cal Check	0.205	11:00
Air Blank	0.000	11:00
Cal Check	0.204	11:01
Air Blank	0.000	11:02
Cal Check	0.204	11:02
Air Blank	0.000	11:03
Cal Check	0.204	11:04
Air Blank	0.000	11:04
Cal Check	0.204	11:05
Air Blank	0.000	11:05
Cal Check Stats		
Average	0.2045	
Std Dev	0.0005	
Rel Std Dev(%)	0.2577	

  
 Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

  
 Operator's Signature  
 16837

**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.