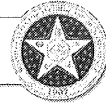


Service Overview

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: 10-17-2017

SERIAL: 80-003027

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 09-26-2017
- 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 80-003027, 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	03-18-08
Board of Tests Bench Check	06-19-08
Board of Tests Bench Check	11-18-09
Board of Tests Bench Check	09-19-11
Board of Tests Bench Check	08-22-13
Board of Tests Bench Check	06-08-15
Manufacturer Calibration	09-26-17
Board of Tests Bench Check	10-17-17



Presentation of this form certifies that the Intoxilyzer, SN: 80-003027, 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 80-003027, 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 September 06, 2017 Signed [Signature]
Technician



316 East 9th 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,



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 10/17/2017	TIME PROCEDURE BEGAN 10:07	INSTRUMENT LOCATION 80-003027
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-003027

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

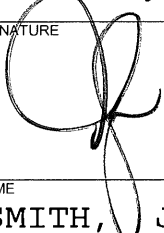
Duplicate Breath Sampling Results

Value	Test 1	Test 2	Control Test
.02	0.019	0.019	0.020
.04	0.039	0.037	0.039
.10	0.096	0.095	0.097
.20	0.197	0.195	0.197

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 10-17-2017
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 / 17 / 17 Start Time: 0950 End Time: 1125

INSTRUMENT

Intoxilyzer Model Serial #
 8000 80-003027

GAS CANISTER

LOT # EXP Date
 19B17080A2 #038 9-8-2019


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			
10-17-17	10-17-17	10-13-17	10-13-17

REASON FOR BENCH CHECK

- POST REPAIR CYLINDER REPLACEMENT
 TROUBLESHOOTING ROUTINE MAINTENANCE

COMMENTS

 16037
 Technician Signature / Permit #
 Josh Smith
 Printed Name

Certificate of Analysis – Dry Gas	
9-18-17	.080
Date of Analysis	Labelled target value (g/210L)
038	.0798
Cylinder #	Average test result
JOSEPH SMITH <i>[Signature]</i>	
BOT Technician Name and Signature	



ALPHA INSTRUMENT
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-002591
 09/18/2017 12:05

ISO/IEC 17025:2005 Accredited Laboratory

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	12:06
Cal Check	0.079	12:06
Air Blank	0.000	12:07
Cal Check	0.080	12:07
Air Blank	0.000	12:07
Cal Check	0.079	12:08
Air Blank	0.000	12:08
Cal Check	0.080	12:09
Air Blank	0.000	12:09
Cal Check	0.080	12:09
Air Blank	0.000	12:10
Cal Check	0.080	12:10
Air Blank	0.000	12:11
Cal Check	0.080	12:11
Air Blank	0.000	12:12
Cal Check	0.080	12:12
Air Blank	0.000	12:13
Cal Check	0.080	12:13
Air Blank	0.000	12:13
Cal Check	0.080	12:14
Air Blank	0.000	12:14
Cal Check Stats		
Average	0.0798	
Std Dev	0.0004	
Rel Std Dev(%)	0.5283	

Certificate of Analysis

Certificate ID: 10399 ✓
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 19817080A2 ✓
Expiration: 9/5/2019 ✓

*REC'D
 09/18/17
 [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

08-16-17
 Date



Distributed by:

CMI Inc.
 316 East Ninth Street
 Owensboro, KY 42303
 Phone 866-835-0690
www.alcoholtest.com

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: **80-003027** 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:

Joshua Smith
Name (Please Print)

Signature

Breath Alcohol Testing
Program Administrator

Title

03/23/2017

Date

Ship to:

CMI, Inc

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.

* * * Communication Result Report (Jul. 5. 2017 9:31AM) * * *

1) Board of Test
2)

Date/Time: Jul. 5. 2017 9:30AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1824 Memory TX	12706856268	P. 1	OK	

Reason for error

- E. 1) Hang up or line fail
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size
- E. 6) Destination does not support IP-Fax

CMI Inc
316 E 9th Street
Owensboro KY 42303
USA
Phone: 666-895-0590
Fax: 270-685-6268

Date: 06/22/2017
Page: 1 of 1

Service Estimate: 400034

PO #:

Ship To: Oklahoma Board Of Tests Bldg Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City OK 73136-3000 USA	Customer Number: 731362	Technician Name: Dewayne Varvel
---	-------------------------	------------------------------------

Call Line	Part Number	Description	Quantity	Service Call Type	Warranty
1	0024800K	UNIT ASSY,8000,IMAGER/ETH/WMA STD PORTS	1.00 EA	Out of Warranty	

Serial Number(s): 80-003027

Seq. No.	Part	Description	Quantity	Est. Unit Price	Est. Ext. Price
10	140112	DISPLAY,2x20 VFD 6MA NORITAKE	1.00	137.04	137.04
20	320943	HDR,14PIN,2ROW,100CC,4-SIDED	1.00	1.85	1.85
30	471201	O-RING,BUNA-N,.003,3/16x5/16"	1.00	1.95	1.95
80	650517	CERTIFICATE OF CALIBRATION CMI	2.00	0.00	0.00
80	441199	COVER DUST,6/8" x 1/2" McMASTE	1.00	0.00	0.00
100	470145	CAP,PLASTIC,25IDx.50LG,RED ST	3.00	0.00	0.00
110	470154	CAP,PLSTC,406IDx 438-582,RED	1.00	0.00	0.00
120	020982	SOURCE ASSY	1.00	205.00	205.00
130	210120	SENSOR,SMD,PRESSURE	1.00	24.96	24.96

Labor, Freight, & Misc. Charges

Misc Code	Description	Amount
LABR	Service Repair Labor	170.00
LCAL	Service - Calibration Adjust	42.50
LFT	Service - Final Test	78.00
SVFT	Freight - Service	25.00
		Total: 687.25

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

PLEASE SIGN AND FAX TO: 270-685-6268

APPROVED BY:  DATE: 07/05/17

*TAX NOT INCLUDED

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

Date: 06/22/2017
 Page: 1 of 1

Service Estimate: 400034

PO #:

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

BT, GAS SHELF, NO BATTERY

Call Line	Part Number/Description	Revision	Quantity	Service Call Type
1	002480OK UNIT ASSY,I8000,IMAGER/ETH/IMA STD PORTS	ND	1.00 EA	Out of Warranty

Job: SRV4000340001

Serial Number(s): 80-003027

Job Material

Seq. No.	Part	Description	Quantity	Est. Unit Price	Est. Ext. Price
10	140112	DISPLAY,2x20 VFD 9MM NORITAKE	1.00	EA 137.04	137.04
20	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00	EA 1.85	1.85
30	471201	O-RING,BUNA-N,-008,3/16"x5/16"	1.00	EA 1.95	1.95
80	650517	CERTIFICATE OF CALIBRATION CMI	2.00	EA 0.00	0.00
90	441169	COVER DUST,5/8" x 1/2" McMASTE	1.00	EA 0.00	0.00
100	470145	CAP,PLASTIC,.25IDx.50LG,RED ST	3.00	EA 0.00	0.00
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00	EA 0.00	0.00
120	020982	SOURCE ASSY	1.00	EA 205.00	205.00
130	210120	SENSOR,SMD,PRESSURE	1.00	EA 24.95	24.95

Labor, Freight, & Misc. Charges

Misc Code	Description	Amount
LABR	Service Repair Labor	170.00
LCAL	Service - Calibration Adjust	42.50
LFT	Service - Final Test	79.00
SVFT	Freight - Service	25.00
Total:		687.29

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

PLEASE SIGN AND FAX TO: 270-685-6268

APPROVED BY: _____

DATE: _____

07/05/17

*TAX NOT INCLUDED



SERVICE WORK ORDER

DATE 4-11-17
 RCVD VIA LIPS

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

400034

BILL TO:

ATTN:

CITY STATE ZIP

CUSTOMER NO. 731362

PHONE

SHIP TO: OK Board of Tests

ATTN:

3600 N. ML King
Bldg 9

CITY STATE ZIP
OKC OK 73111

PHONE 405-425-2460

FAX 405-425-2490

MODEL # 8000 SERIAL # 80-503027 0024800K BILL CODE 1

EXTRA PARTS RCVD: BT, gas shelf, w battery

DESCRIPTION OF PROBLEM: Flow sensor R value low

Infrared / Fuel Cell
 PRELIMINARY TEST INFORMATION

BATTERY- EXT NA V; INT 2.9 V

VERIFIED PROBLEM? Yes

WORK PERFORMED:
Replaced display, flow sensor service Assy.
Recalibrated & final tested

PARTS USED		
QTY	PART NO.	DESCRIPTION
1	140112	Display 2x20 VFD
1	320643	HDR, 4 pin
1	020982	Service Assy
1	210120	Flow sensor SHD

Miscellaneous
 PRELIMINARY TEST INFORMATION

WORK PERFORMED:
BY

REPAIR	CAL. ADJ.	CALIBRATION	FINAL
<u>DU</u>	<u>DDP</u>	<u>DDP</u>	<u>DDP</u>
½ HOURS	HOURS	HOURS	HOURS
<u>4.0</u>	<u>0.5</u>	<u>1.0</u>	<u>1.0</u>
DATE	DATE	DATE	DATE
<u>June 27, 2017</u>	<u>Sept 19, 17</u>	<u>Sept 26, 17</u>	<u>Sept 26, 17</u>

SHIPPING STICKER HERE

SPECIAL SHIPPING INSTRUCTIONS

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE 10/17/2017		ARREST TIME 1000		COUNTY # 55		CITY #		CITATION #		
ARREST LOCATION MOCK					CITY			COUNTY OKLAHOMA		
SUBJECT NAME MOCK, SUBJECT TEST					DATE OF BIRTH 08/09/1961		SEX M	RACE W	HEIGHT 510	WEIGHT 165
ADDRESS 3600 MARTIN LUTHER KING A				CITY OKLAHOMA CITY			STATE OK		ZIP CODE 73133	
DRIVER LICENSE # T083454871				EXPIRATION DATE 06/30/2019		STATE OK	CLASS A	RESTRICTIONS	ENDORSEMENTS M	
VEHICLE MAKE N			MODEL N			TAG # N		STATE NN	CMV N	PLACARD N

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):

POST REPAIR MAINTENANCE. 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 I-8000		SERIAL NUMBER 80-003027		SPECIALIST BOARD OF TESTS																																					
STANDARD Dry		TARGET VALUE 0.080		PERMIT NUMBER 16837																																					
MANUFACTURER ILMO		LOT # 19817080A2		DATE CYLINDER INSTALLED 10/17/2017	DATE CYLINDER EXPIRES 09/05/2019																																				
OBSERVATION START 1100	TEST DATE 10/17/2017	MOUTHPIECE G	<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>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">g/210L</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr><td colspan="3">-----</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:18</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:19</td></tr> <tr><td> Breath Volume</td><td>2.085 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:19</td></tr> <tr><td>Wait</td><td></td><td>11:21</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:21</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:22</td></tr> <tr><td> Breath Volume</td><td>1.496 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:22</td></tr> <tr><td>Cal Check</td><td>0.07</td><td>11:22</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:23</td></tr> </tbody> </table>						Test	g/210L	Time	-----			Air Blank	0.00	11:18	Subject Test	0.00	11:19	Breath Volume	2.085 LITERS		Air Blank	0.00	11:19	Wait		11:21	Air Blank	0.00	11:21	Subject Test	0.00	11:22	Breath Volume	1.496 LITERS		Air Blank	0.00	11:22	Cal Check	0.07	11:22
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Air Blank	0.00	11:23																																							
RESULT TABLE			<div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Test Result BrAC g/210L 0.00</p> </div>																																						
			<table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">NAME SMITH, JOSHUA</td></tr> <tr><td>BADGE # 0000000435</td><td>PERMIT # 0000016837</td></tr> <tr><td colspan="2">AGENCY BOARD OF TESTS</td></tr> </table>			NAME SMITH, JOSHUA		BADGE # 0000000435	PERMIT # 0000016837	AGENCY BOARD OF TESTS																															
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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 **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

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: **10/17/2017** 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."

Date: **10/17/2017** Place (location when signed): _____ Signature of arresting officer: _____

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

OTHER WITNESSES:

#	NAME	TITLE	ADDRESS	PHONE
1				
2				

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 10/17/2017		ARREST TIME 1000		COUNTY # 55		CITY #		CITATION #		
ARREST LOCATION MOCK					CITY			COUNTY OKLAHOMA		
SUBJECT NAME MOCK, SUBJECT TEST					DATE OF BIRTH 08/09/1961		SEX M	RACE W	HEIGHT 510	WEIGHT 165
ADDRESS 3600 MARTIN LUTHER KING A				CITY OKLAHOMA CITY			STATE OK		ZIP CODE 73133	
DRIVER LICENSE # T083454871				EXPIRATION DATE 06/30/2019		STATE OK	CLASS A	RESTRICTIONS	ENDORSEMENTS M	
VEHICLE MAKE N		MODEL N		TAG # N		STATE NN	CMV N	PLACARD N		

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):

POST REPAIR MAINTENANCE. 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 I-8000		SERIAL NUMBER 80-003027		SPECIALIST BOARD OF TESTS																																					
STANDARD Dry		TARGET VALUE 0.080		PERMIT NUMBER 16837																																					
MANUFACTURER ILMO		LOT # 19817080A2		DATE CYLINDER INSTALLED 10/17/2017	DATE CYLINDER EXPIRES 09/05/2019																																				
OBSERVATION START 1100	TEST DATE 10/17/2017	MOUTHPIECE G	<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>																																						
<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>11:18</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:19</td></tr> <tr><td>Breath Volume</td><td>2.085 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:19</td></tr> <tr><td>Wait</td><td></td><td>11:21</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:21</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:22</td></tr> <tr><td>Breath Volume</td><td>1.496 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:22</td></tr> <tr><td>Cal Check</td><td>0.07</td><td>11:22</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:23</td></tr> </tbody> </table>						Test	g/210L	Time	Air Blank	0.00	11:18	Subject Test	0.00	11:19	Breath Volume	2.085 LITERS		Air Blank	0.00	11:19	Wait		11:21	Air Blank	0.00	11:21	Subject Test	0.00	11:22	Breath Volume	1.496 LITERS		Air Blank	0.00	11:22	Cal Check	0.07	11:22	Air Blank	0.00	11:23
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RESULT TABLE			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Test Result BrAC g/210L 0.00</p> </div>																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">NAME SMITH, JOSHUA</td></tr> <tr><td>BADGE # 0000000435</td><td>PERMIT # 0000016837</td></tr> <tr><td colspan="2">AGENCY BOARD OF TESTS</td></tr> </table>						NAME SMITH, JOSHUA		BADGE # 0000000435	PERMIT # 0000016837	AGENCY BOARD OF TESTS																															
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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 **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: **10/17/2017** 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: **10/17/2017** Place (location when signed): _____ Signature of arresting officer: _____

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

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	Labeled 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

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	15:01
Air Blank	0.000	15:02
Cal Check	0.020	15:03
Air Blank	0.000	15:03
Cal Check	0.020	15:04
Air Blank	0.000	15:04
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	

0.0241% (w/vol) ethyl alcohol. The expiration date for this lot number is December 12, 2018 at 11:59 PM.

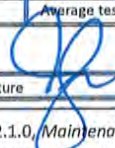
When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.020 g/210L +/- 3%.

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

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

#16837

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.

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: 717-564-5470

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

Certified Alcohol Reference Solution for Simulator

REC'D
 03/01/17

 #16837

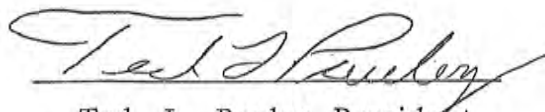
Random Samples of Lot Number 16320 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 25, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0495%** (w/vol) ethyl alcohol. The expiration date for this lot number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



 #16837

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FNI218501 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)
 Josh Smith	
BOT Technician Name and Signature	




GUTH LABORATORIES, INC.

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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
06/09/2017


CERTIFICATE OF ANALYSIS

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.



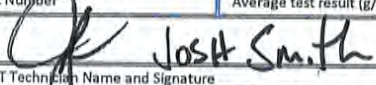
Ted L. Pauley, President
GUTH LABORATORIES, INC.


16837
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.

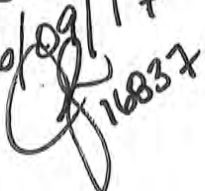
Certificate of Analysis - Wet Bath	
06-16-17	.20
Date of Analysis	Labelled target value (g/210L)
17090	.2045
Lot Number	Average test result (g/210L)
 BOT Technician Name and Signature	



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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
 05/16/2017 10:52

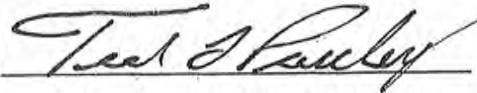
Certified Alcohol Reference Solution for Simulator

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	


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.



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.