



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

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

Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

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 80-003187, in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 16 pages.

Signed _____

Name of Position: Director/Records Custodian

Date of Attestation: 11/29/2021

Supplemented 02/17/2022

Service Overview



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

BENCH CHECK DATE: 11/29/2021

SERIAL: 80-003187

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Maintenance, Calibration and Operation
- Bench Check
- CMI Certificate of Calibration
- CMI Evaluation Form
- CMI Work Order
- BOT Dry Gas Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis on Certified Solutions (4)



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MEMORANDUM

DATE: February 11, 2022

TO: FILE

A scrivener's error was identified on BOT Form 4.0 Certificate of Maintenance, Calibration, and Operation as a result of multiple sessions of drafting. The form contained in this maintenance packet has been amended and updated to include the intended information. The agency apologizes for any inconvenience this may have caused.

A handwritten signature in blue ink, appearing to be "J. Smith", is written over the printed name and title of the State Director.

Joshua Smith
State Director

Cc: Intoxilyzer 8000 maintenance folder



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Joshua Smith
Director

CERTIFICATE of MAINTENANCE, CALIBRATION, and OPERATION

This certifies the **Intoxilyzer 8000** referenced below, manufactured by CMI, Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, is maintained by the Board of Tests for Alcohol and Drug Influence in accordance with 40 O.A.C. 30-1-3. The instrument reported below is hereby deemed to be in compliance with Board rules via linearity accuracy examination and operational/functional procedure evaluation also referred to as a "Bench Check". The Intoxilyzer 8000 appears on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Alcohol Measurement Devices (82 FR 50940 *et seq*) as an approved device. In accordance with 40 O.A.C. 25-1-2, this instrument is approved and certified for use in the State of Oklahoma as an automated evidential breath-alcohol measurement device by the Board of Tests pursuant to 47 O.S. § 759.

All analyses conducted by this instrument are considered precise, valid, and in accordance with 40 O.A.C. 30-1-3(b) Operating Procedure(s). A printed breath test operator affidavit containing the seal of the Board by this instrument confirms a calibration check successfully verified the instrument's calibration at the time of test. The printed breath test affidavit also serves as proof that safeguards in place to protect the breath samples, including but not limited to Ambient Air Interference, Radio Frequency Interference, Residual Mouth Alcohol, Deficient Samples, etc. were not triggered and the test is a true and accurate scientific measurement of the person's alcohol concentration.

- Maintenance was performed on the Intoxilyzer 8000, Serial No. 80-003187 on 11/29/2021 in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.
- A dry gas canister appearing on the National Highway Traffic Safety Administration's Conforming Products List of Calibrating Units for Breath Alcohol Testers (77 FR 64588 *et seq*) and approved in accordance with 40 O.A.C. 25-1-3 and BOT maintenance policy was installed.
 - Manufacturer: ILMO Unit: 208 ppm / 105 L
 - Cylinder Lot No. - Canister No.: 23621080A2-014
 - BOT analysis average test result: 0.079
 - Cylinder expiration date: 11/05/2023
- In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

Simulator Model	Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #	DR3685	DR3753	DR3594	DR3754
Concentration	.02	.04	.10	.20
LOT #	20070	20060	20190	20160
Manufactured Date	02/13/2020	02/10/2020	04/06/2020	03/18/2020
Expiration Date	02/13/2022	02/10/2022	04/06/2022	03/18/2022
Solution Commission Date	11/10/2021	11/10/2021	11/10/2021	11/10/2021

Completed by BOT Personnel:


Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator
Title

Certified by:


Signature Joshua Smith
Name

State Director
Title

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

BENCH CHECK DATE 11/29/2021	TIME PROCEDURE BEGAN 10:08:4	INSTRUMENT LOCATION 80-003187
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-003187

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	0.020	0.020	0.021
.04	0.039	0.039	0.041
.10	0.099	0.096	0.102
.20	0.196	0.196	0.200

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  23020	DATE 11/29/2021
NAME PAPE, CHRISTOPHER	PERMIT # 0000023020

Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-003187, 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 Oct 29, 2021 Signed Judy GA
Technician



316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650517 Rev.A

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: **christopher.pape@bot.ok.gov**

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: **80-003187** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:

Unit came in with Interferent detected on cal check. Unable to replicate issue but 3µm value seems unstable in snap test. Source and cal inlets visually inspected. source may need replaced.

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:

Chris Pape

Breath Testing Admin

Name (Please Print)

Title

CMI, Inc


Signature

03/10/2021

Date

Attn: Service Dept.

316 East Ninth Street

Owensboro, KY 42303

Call: 405-425-2460 or email

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.

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

8/16
 Date: 05/04/2021
 Page: 1 of 2

Service Estimate: 405834

Bill To: Oklahoma Board Of Tests For Alcohol And Drug Infl Po Box 36307 3600 N MI King Blvd Bldg 9 Oklahoma City OK 73111 USA	Customer Number: 731110 Ship To: Oklahoma Board Of Tests DNU Po Box 36307 3600 N MI King Blvd Bldg 9 Oklahoma City OK 73111 USA	PO #:
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Technician Name: Leanna Shelnett

KB,BH,BATTERY COVER,GAS SHELF W/ REG GR-3187

Part Number/Description	Service Call Type
0024800K UNIT ASSY,I8000,IMAGER/ETH/IMA	Out of Warranty
Job: SRV4058340001	

Serial Number(s): 80-003187

Job Material

Seq. No.	Part	Description	Quantity		Est. Unit Price	Est. Ext. Price
45	020982	SOURCE ASSY	1.00	EA	646.90	646.90
50	140112	DISPLAY,2x20 VFD 9MM	1.00	EA	158.00	158.00
55	923002	DIODE,SMD,1N4148,SOT-23	1.00	EA	0.28	0.28
60	471201	O-RING,BUNA-N,-008,3/16inx5/16	1.00	EA	1.95	1.95
65	021358FL	HOUSING ASSY,DETECTOR I8000	1.00	EA	118.03	118.03
70	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00	EA	2.80	2.80
75	210156	SENSOR, PRESSURE, 1000PSI	1.00	EA	133.80	133.80
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
140	021297	PUMP ASSY,I8000	1.00	EA	237.84	237.84
150	021380FL	BLOCK ASSY,SOURCE,BASIC	1.00	EA	193.64	193.64
160	441016	GASKET,CELL,COPPER	2.00	EA	4.91	9.82
170	690040	BATTERY,3VOLT,LITHIUM,CR2032	1.00	EA	5.44	5.44
180	441017	GASKET,END BLOCK	1.00	EA	10.75	10.75
190	021383FLS	CELL SUB-ASSY,SVC	1.00	EA	271.13	271.13
200	530030	TUBING,TYGON,.375IDx.562OD	2.00	IN	0.59	1.18

Labor, Freight, & Misc. Charges

Misc Code	Description	Est. Ext. Price
LABR	Service Repair Labor	356.00
LCAL	Service - Calibration Adjust	45.00
LCAL	Service - Calibration Adjust	85.00
SVFT	Freight - Service	60.00

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

Date: 05/04/2021
Page: 2 of 2

Service Estimate:

Part Number/Description	Service Call Type
EVAL Service Evaluation Charge	83.00
Total: 2,420.56	

NOTE: THIS ESTIMATE IS BASED ON OUR INITIAL INSPECTION AND DOES NOT INCLUDE ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER REPAIR WORK HAS BEEN STARTED. IF ADDITIONAL ISSUES ARE FOUND, YOU WILL BE NOTIFIED AND AN UPDATED ESTIMATE WILL BE PROVIDED FOR APPROVAL.

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

PLEASE SIGN AND PROVIDE TO CMI BY:

- SCAN AND EMAIL TO: CMISERVICE@ALCOHOLTEST.COM
- FAX TO: 270-685-6268
- MAIL TO: CMI SERVICE, 316 EAST 9TH STREET, OWENSBORO, KY 42303

APPROVED BY:  DATE: 5/6/2021

***TAX NOT INCLUDED**

Certificate of Analysis – Dry Gas	
11/8/2021	0.080
Date of Analysis	Labelled target value (g/210L)
014	0.079
Cylinder #	Average test result
Christopher Pape <i>[Signature]</i>	
BOT Technician Name and Signature	



10/16

ALPHA INSTRUMENT 2
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-004923
 11/08/2021 10:26

In accordance with BOT Maintenance Policy and Procedure 5.0, this dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.
 Eastgate Dr., PO Box 790 • Jacksonville, IL 62651-0790
 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 14218
Part #: BAC105L080T ✓
Cylinder Size: 105L
Lot Number: 23621080A2 ✓
Expiration: 11/5/2023 ✓

RCV'D
10/27/2021
CP

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)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:
CMI Inc.
 316 East Ninth S
 Owensboro, KY
 Phone 866-835-1
www.alcoholtest

Test	g/210L	Time
Air Blank	0.000	10:27
Cal Check	0.079	10:27
Air Blank	0.000	10:28
Cal Check	0.079	10:28
Air Blank	0.000	10:28
Cal Check	0.079	10:29
Air Blank	0.000	10:29
Cal Check	0.079	10:30
Air Blank	0.000	10:30
Cal Check	0.080	10:30
Air Blank	0.000	10:31
Cal Check	0.079	10:31
Air Blank	0.000	10:32
Cal Check	0.080	10:32
Air Blank	0.000	10:33
Cal Check	0.079	10:33
Air Blank	0.000	10:33
Cal Check	0.079	10:34
Air Blank	0.000	10:34
Cal Check	0.080	10:35
Air Blank	0.000	10:35
Cal Check Stats		
Average	0.0793	
Std Dev	0.0004	
Rel Std Dev(%)	0.6091	

[Signature]
 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

[Signature]

10-11-2021
 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.

ISO/IEC 17025:2017 Accredited Laboratory

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

11/16

Section 1

ARREST DATE 11/29/2021		ARREST TIME 1030		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT				CITY		COUNTY OKLAHOMA	
SUBJECT NAME BREATHTEST, DELTA				DATE OF BIRTH 01/01/1985	SEX M	HEIGHT 510	WEIGHT 200
ADDRESS 3600 MLK			CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73111	
DRIVER LICENSE # B083463042			EXPIRATION DATE 10/31/2022	STATE OK	CLASS D	RESTRICTIONS	ENDORSEMENTS
VEHICLE MAKE MOCK		MODEL MOCK	TAG # MOCK		STATE OK	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):

MOCK SUBJECT TEST



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

POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER

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 80-003187	SPECIALIST BOARD OF TESTS																																					
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020																																					
MANUFACTURER ILMO		LOT # 23621080A2	DATE CYLINDER INSTALLED 11/29/2021	DATE CYLINDER EXPIRES 11/05/2023																																				
OBSERVATION START 1100	TEST DATE 11/29/2021	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.																																						
<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>11:22</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:23</td></tr> <tr><td>Breath Volume</td><td>2.089 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:23</td></tr> <tr><td>Wait</td><td></td><td>11:25</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:25</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>11:26</td></tr> <tr><td>Breath Volume</td><td>2.097 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:26</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>11:26</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>11:27</td></tr> </tbody> </table>		Test	g/210L	Time	Air Blank	0.00	11:22	Subject Test	0.00	11:23	Breath Volume	2.089 LITERS		Air Blank	0.00	11:23	Wait		11:25	Air Blank	0.00	11:25	Subject Test	0.00	11:26	Breath Volume	2.097 LITERS		Air Blank	0.00	11:26	Cal Check	0.08	11:26	Air Blank	0.00	11:27	I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.  SIGNATURE OF OPERATOR		
		Test	g/210L	Time																																				
		Air Blank	0.00	11:22																																				
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Air Blank	0.00	11:27																																						
NAME PAPE, CHRISTOPHER																																								
BADGE # 0000000484		PERMIT # 0000023020																																						
AGENCY BOARD OF TESTS																																								
																																								
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Test Result BrAC g/210L 0.00																																								

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. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below.

You may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS). Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of fees you will be required to pay to the State. You must request IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136.

SERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the Notice of Department Impaired Driving Accountability Program to the person named in Section 1 above.

Date served: _____ 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: _____ Place (location when signed): _____ Signature of arresting officer: _____

NAME PAPE, CHRISTOPHER		AGENCY BOARD OF TESTS	
BADGE 0000000484	AGENCY ADDRESS INTER-AGENCY	ZIP CODE 00000	PHONE 4054252460

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

12/16

Section 1

ARREST DATE 11/29/2021		ARREST TIME 1030		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT				CITY		COUNTY OKLAHOMA	
SUBJECT NAME BREATHTEST, DELTA				DATE OF BIRTH 01/01/1985	SEX M	HEIGHT 510	WEIGHT 200
ADDRESS 3600 MLK				CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73111
DRIVER LICENSE # B083463042				EXPIRATION DATE 10/31/2022	STATE OK	CLASS D	RESTRICTIONS ENDORSEMENTS
VEHICLE MAKE MOCK		MODEL MOCK		TAG # MOCK		STATE OK	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):

MOCK SUBJECT TEST



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

POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER

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 80-003187	SPECIALIST BOARD OF TESTS	
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020	
MANUFACTURER ILMO		LOT # 23621080A2	DATE CYLINDER INSTALLED 11/29/2021	DATE CYLINDER EXPIRES 11/05/2023
OBSERVATION START 1100	TEST DATE 11/29/2021	<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 style="text-align: center;"> SIGNATURE OF OPERATOR</p>		
RESULT TABLE				
Test	g/210L	Time		
Air Blank	0.00	11:22		
Subject Test	0.00	11:23		
Breath Volume	2.089 LITERS			
Air Blank	0.00	11:23		
Wait		11:25		
Air Blank	0.00	11:25		
Subject Test	0.00	11:26		
Breath Volume	2.097 LITERS			
Air Blank	0.00	11:26		
Cal Check	0.08	11:26		
Air Blank	0.00	11:27		
NAME PAPE, CHRISTOPHER			 <div style="border: 1px solid black; padding: 5px; text-align: center;"> Test Result BrAC g/210L 0.00 </div>	
BADGE # 0000000484				
PERMIT # 0000023020				
AGENCY BOARD OF TESTS				

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. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below. You may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS). Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of fees you will be required to pay to the State. You must request IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136.

Section 3

SERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the Notice of Department Impaired Driving Accountability Program to the person named in Section 1 above.

Date served: _____ 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: _____ Place (location when signed): _____ Signature of arresting officer: _____

NAME PAPE, CHRISTOPHER		AGENCY BOARD OF TESTS	
BADGE 0000000484	AGENCY ADDRESS INTER-AGENCY	ZIP CODE 00000	PHONE 4054252460

Certificate of Analysis - Wet Bath	
8/11/2020	0.020
Date of Analysis	Labelled test value (g/210L)
20070	0.020
Lot Number	Average test result (g/210L)
christopher Pope	0.020
BOT Technician Name and Signature	



GUTH LABORATORIES, INC.

255 NORTH 6TH STREET • 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 Intoxlyzer 8000.

CERTIFICATE OF ANALYSIS

ACV'D
6/1/2020
CP

ALPHA INSTRUMENT 2
Intoxlyzer - Alcohol Analyzer
Model 8000 SH 80-004923
08/11/2020 09:42

Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	09:42
Cal Check	0.020	09:43
Air Blank	0.000	09:43
Cal Check	0.020	09:44
Air Blank	0.000	09:45
Cal Check	0.020	09:45
Air Blank	0.000	09:46
Cal Check	0.020	09:47
Air Blank	0.000	09:47
Cal Check	0.021	09:48
Air Blank	0.000	09:48
Cal Check	0.020	09:49
Air Blank	0.000	09:49
Cal Check	0.020	09:50
Air Blank	0.000	09:51
Cal Check	0.020	09:51
Air Blank	0.000	09:52
Cal Check	0.020	09:53
Air Blank	0.000	09:53
Cal Check	0.019	09:54
Air Blank	0.000	09:54
Cal Check Stats		
Average	0.0200	
Std Dev	0.0004	
Rel Std Dev(%)	2.3569	

Random Samples of Lot Number **20070** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 17, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0242% (w/vol)** ethyl alcohol. The expiration date for this lot number is **February 13, 2022** 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.

Christopher Pope
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	
7/22/2020	0.040
Date of Analysis	Labelled target value (g/210L)
20060	0.040
Lot Number	Average test result (g/210L)
Christopher Pauley	0.040
BOT Technician Name and Signature	



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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

Certified Alcohol Reference Solution for Simulator

RCV'D
6/1/20
CP

ALPHA UNIT SUB
 Intoxilyzer – Alcohol Analyzer
 Model 8000 SH 80-003400
 07/22/2020 14:57

Random Samples of Lot Number 20060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 11, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0483% (w/vol) ethyl alcohol. The expiration date for this lot number is February 10, 2022 at 11:59 PM.

Test	g/210L	Time
Air Blank	0.000	14:57
Cal Check	0.040	14:58
Air Blank	0.000	14:59
Cal Check	0.039	14:59
Air Blank	0.000	15:00
Cal Check	0.039	15:01
Air Blank	0.000	15:01
Cal Check	0.039	15:02
Air Blank	0.000	15:02
Cal Check	0.039	15:03
Air Blank	0.000	15:04
Cal Check	0.039	15:04
Air Blank	0.000	15:05
Cal Check	0.040	15:06
Air Blank	0.000	15:06
Cal Check	0.040	15:07
Air Blank	0.000	15:07
Cal Check	0.040	15:08
Air Blank	0.000	15:09
Cal Check	0.040	15:09
Air Blank	0.000	15:10
Cal Check Stats		
Average	0.0395	
Std Dev	0.0005	
Rel Std Dev(%)	1.3342	

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
 Ted L. Pauley, President
 GUTH LABORATORIES, INC.

Christopher Pauley
 Operator's Signature

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

15/16



06/16/20	.100
Date of Analysis	Labeled target value (g/210L)
20190	.098
Lot Number	Average test result (g/210L)

Josh Smith
 BOT Technician Name and Signature
 GUTH LABORATORIES, INC.
 BRT Form 6.0
 10151 RISE DR, PA 17111-4511 • TELEPHONE: 717-564-5470

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.

*Rec'd
06/11/2020*

CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT
 Intoxilyzer - Alcohol Analyzer
 Model 8000
 06/16/2020

SN 00-002591
 16:18

Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	16:18
Cal Check	0.099	16:19
Air Blank	0.000	16:20
Cal Check	0.098	16:20
Air Blank	0.000	16:21
Cal Check	0.097	16:22
Air Blank	0.000	16:22
Cal Check	0.098	16:23
Air Blank	0.000	16:24
Cal Check	0.098	16:24
Air Blank	0.000	16:25
Cal Check	0.098	16:26
Air Blank	0.000	16:26
Cal Check	0.098	16:27
Air Blank	0.000	16:27
Cal Check	0.097	16:28
Air Blank	0.000	16:29
Cal Check	0.098	16:29
Air Blank	0.000	16:30
Cal Check	0.098	16:31
Air Blank	0.000	16:31
Cal Check Stats		
Average	0.0979	
Std Dev	0.0005	
Rel Std Dev(%)	0.5798	

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 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.

[Signature]
 Operator's Signature
 16837

[Signature]
 Ted L. Pauley, President
 GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN02271802 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	
07/07/2020	0.200
Date of Analysis	Labelled Test Value (g/210L)
20160	0.197
Lot Number	Average Test Result (g/210L)
Christopher Page	0.200
BOT Technician Name and Signature	



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BRT Form 5.0

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

*RECD
05/2020
CP*

Certified Alcohol Reference Solution for Simulator

LPHR UNIT SUB
 Intoxilyzer – Alcohol Analyzer
 Model 8000 SN 80-003400
 7/07/2020 15:25

Test	g/210L	Time
Ir Blank	0.000	15:26
al Check	0.195	15:26
Ir Blank	0.000	15:27
al Check	0.195	15:28
Ir Blank	0.000	15:28
al Check	0.197	15:29
Ir Blank	0.000	15:29
al Check	0.195	15:30
Ir Blank	0.000	15:31
al Check	0.198	15:31
Ir Blank	0.000	15:32
al Check	0.198	15:33
Ir Blank	0.000	15:33
al Check	0.197	15:34
Ir Blank	0.000	15:35
al Check	0.198	15:35
Ir Blank	0.000	15:36
al Check	0.198	15:37
Ir Blank	0.000	15:37
al Check	0.197	15:38
Ir Blank	0.000	15:38
al Check Stats		
Average	0.1971	
Std Dev	0.0008	
Rel Std Dev(%)	0.4442	

Random Samples of Lot Number **20160** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 20, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2427%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 18, 2022** 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.

Christopher Page
 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.