



STATE OF OKLAHOMA
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

Post Office Box 36307

Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490

www.bot.ok.gov

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

Joshua Smith
Director

ATTESTATION

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

- 1) The attached "Service Overview" is a true and accurate copy of maintenance performed on the Intoxilyzer 8000, serial number 80-003292, in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 16 pages.

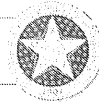
Signed _____

Name of Position: Director/Records Custodian

Date of Attestation: 05/18/2022

Service Overview

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



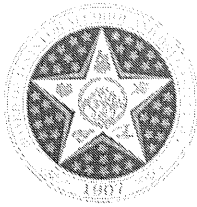
3600 N. Martin Luther King Bldg #9
Oklahoma City, OK 73111
405-425-2460

BENCH CHECK DATE: 05-13-2019

SERIAL: 80-003292

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 04-30-2018
- 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 80-003292, 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	07-16-08
Board of Tests Bench Check	08-22-08
Board of Tests Bench Check	09-04-09
Manufacturer Calibration	08-12-11
Board of Tests Bench Check	08-24-11
Board of Tests Bench Check	08-08-13
Board of Tests Bench Check	05-19-15
Board of Tests Bench Check	08-02-17
Manufacturer Calibration	04-30-18
Board of Tests Bench Check	05-13-19



Presentation of this form certifies that the Intoxilyzer, SN: 80-003292, functioned properly at the time of the breath test and hereby certifies the breath test result as valid.

Date:

Re: Request for Log of Test on Intoxilyzer 8000

Name:

Dear Sir:

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

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

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

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

Sincerely,



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

Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-003282, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to conform to the National Highway Traffic Safety Administration (NHTSA) Standard for Devices to Measure Breath Alcohol (Federal Register, Vol.58 No.179, pp 48705-48710, Sept. 17, 1993) for accuracy and precision. Reference materials are traceable through the National Institute of Standards and Technology (NIST) to the International System of Units (SI).

Date April 30, 2018

Signed [Signature]

Technician



316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650517 Rev.A

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

BENCH CHECK DATE 05/13/2019	TIME PROCEDURE BEGAN 09:19:5	INSTRUMENT LOCATION 80-003292
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-003292

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

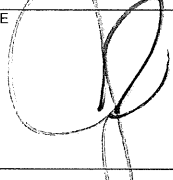
Duplicate Breath Sampling Results

Value	Test 1	Test 2	Control Test
.02	0.019	0.019	0.018
.04	0.039	0.038	0.037
.10	0.096	0.096	0.096
.20	0.192	0.192	0.193

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 05-13-19
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: 05 / 13 / 19 Start Time: 0900 End Time: 1030

INSTRUMENT

Intoxilyzer Model 8000 Serial # 80-003292

GAS CANISTER

LOT # 00919080A1 #040 EXP Date 03-05-2021

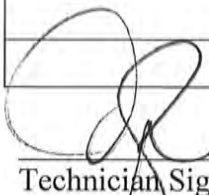
REFERENCE

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3591	DR3753	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
18020	17410	18070	17340
Manufactured Date			
01-09-2018	12-06-2017	02-26-2018	10-09-2017
Expiration Date			
01-09-2020	12-06-2019	02-26-2020	10-09-2019
Solution Commission Date			
<u>05-06-19</u>	<u>05-06-19</u>	<u>05-06-19</u>	<u>05-06-19</u>

REASON FOR BENCH CHECK

- POST REPAIR
 CYLINDER REPLACEMENT
 TROUBLESHOOTING
 ROUTINE MAINTENANCE

COMMENTS

 16837
 Technician Signature / Permit #

Josh Smith
 Printed Name

Certificate of Analysis – Dry Gas	
05/13/19	0.080
Date of Analysis	Labelled target value (g/210L)
#040	0.080
Cylinder #	Average test result
Josh Smith	
BOT Technician Name and Signature	



ALPHA INSTRUMENT 8/16
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-002591
 05/13/2019 09:28

In accordance with BOT Policy and Procedure Statement BRT-507-01-01, this 790 • Jacksonville, IL 62651-0790
 referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000
 217-243-2185 • Fax: 217-243-7634 • www.ilmoproducts.com

Test	g/210L	Time
Air Blank	0.000	09:28
Cal Check	0.079	09:29
Air Blank	0.000	09:29
Cal Check	0.079	09:30
Air Blank	0.000	09:30
Cal Check	0.079	09:31
Air Blank	0.000	09:31
Cal Check	0.079	09:31
Air Blank	0.000	09:32
Cal Check	0.079	09:32
Air Blank	0.000	09:33
Cal Check	0.080	09:33
Air Blank	0.000	09:34
Cal Check	0.081	09:34
Air Blank	0.000	09:35
Cal Check	0.080	09:35
Air Blank	0.000	09:35
Cal Check	0.080	09:36
Air Blank	0.000	09:36
Cal Check	0.079	09:37
Air Blank	0.000	09:37
Cal Check Stats		
Average	0.0795	
Std Dev	0.0007	
Rel Std Dev(%)	0.8894	

Certificate of Analysis

Certificate ID: 11721
 Part #: BAC105L080T
 Cylinder Size: 105L
 Lot Number: 00919080A1 ✓
 Expiration: 3/5/2021 ✓

REC'D
 04/22/19

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

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

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

Distributed by:
 CMI Inc.
 316 East Ninth Str
 Owensboro, KY 4
 Phone 866-835-06
www.alcoholtest.c

Operator's Signature

*NIST Traceable Reference Material
 Cylinder No. CC274523 / Job No. 09160306
 Certified 362.2 µmol/mol Ethanol in Nitrogen

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Specialty Gas Lab Tech

01-24-19
 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.

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: **80-003292** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:
DVM;s registering equally. Unit experiencing cal check out of tolerance.

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 Admin

Name (Please Print)

Title

CMI, Inc

Signature

02/28/2018

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 10/16

DATE 3-5-18
 RCVD VIA LIPS

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

401733

BILL TO:

ATTN:

CITY STATE ZIP

CUSTOMER NO. 731362

PHONE

SHIP TO: OK Board of Tests

ATTN:

3600 N ML King
Blddg 9

CITY STATE ZIP JKC OK 73111

PHONE 405-425-2460

FAX 405-425-2490

MODEL # 8000 SERIAL # 80-003292 002480 OK BILL CODE 1

EXTRA PARTS RCVD BT, sluch

DESCRIPTION OF PROBLEM
DVM's registering equally. Pat check out of tolerance.

Infrared / Fuel Cell
 PRELIMINARY TEST INFORMATION
 BATTERY- EXT NA V; INT 3.00 V
DVM's both 13.5k, source OK. Breath hose
O-ring cracked. Need CR25 update.
Cell inlet filter clogged.
 VERIFIED PROBLEM? Yes

WORK PERFORMED:

Replaced cracked o-ring and filter screen.
Updated CR25.
Reset preamp gains.
Performed system and update checks.
Autocal performed to correct cal
check out of tolerance.

BT

Miscellaneous
 PRELIMINARY TEST INFORMATION

WORK PERFORMED:

PARTS USED		
QTY	PART NO.	DESCRIPTION
1	923002	Diode, SMA
1	440904	Filter Screen
1	402565	O-ring.

REPAIR	CAL. ADJ.	CALIBRATON	FINAL
<u>GTW</u>	<u>DDP</u>	<u>DDP</u>	<u>DDP</u>
½ HOURS <u>4</u>	HOURS <u>0.5</u>	HOURS <u>1.0</u>	HOURS <u>1.0</u>
DATE <u>Apr. 24, 18</u>	DATE <u>Apr. 24, 18</u>	DATE <u>Apr. 24, 18</u>	DATE <u>Apr. 24, 18</u>

SHIPPING STICKER HERE

SPECIAL SHIPPING INSTRUCTIONS

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

11/16

Section 1

ARREST DATE 05/13/2019		ARREST TIME 1000		COUNTY # 55		CITY # 81		CITATION # MOCK			
ARREST LOCATION MOCK				CITY MOCKM			COUNTY MOCK				
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 MOCK			MODEL MOCK			TAG # MOKC		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. 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 I-8000			SERIAL NUMBER 80-003292			SPECIALIST BOARD OF TESTS		
STANDARD Dry			TARGET VALUE 0.080			PERMIT NUMBER 16837		
MANUFACTURER ILMO			LOT # 00919080A1			DATE CYLINDER INSTALLED 05/13/2019		DATE CYLINDER EXPIRES 03/05/2021
OBSERVATION START 1010	TEST DATE 05/13/2019		MOUTHPIECE G	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration. I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests. _____ SIGNATURE OF OPERATOR				
RESULT TABLE								
Test	g/210L		Time					
Air Blank	0.00		10:31					
Subject Test	0.00		10:31					
Breath Volume	1.691 LITERS							
Air Blank	0.00		10:32					
Wait			10:34					
Air Blank	0.00		10:34					
Subject Test	0.00		10:35					
Breath Volume	1.613 LITERS							
Air Blank	0.00		10:35					
Cal Check	0.08		10:36					
Air Blank	0.00		10:36					
NAME SMITH, JOSHUA			BADGE # 0000000435			PERMIT # 0000016837		
AGENCY BOARD OF TESTS								



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. To appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an administrative hearing on the Department approved form, within fifteen (15) days from the date you received notice of revocation or disqualification. The approved hearing request form is available at <https://www.ok.gov/dps/documents/ReqHearing.pdf>. Submit your hearing request form in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK 73136. It shall be a misdemeanor punishable by imprisonment for not less than seven (7) days nor more than six (6) months, or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment, for any person to apply for a renewal or a replacement license to operate a motor vehicle while the person's license, permit, or other evidence of driving privilege is in the custody of a law enforcement officer or the Department.

Section 3

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

Date served: **05/13/2019** Signature of officer: _____ Badge #: _____

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

Section 4

Date: **05/13/2019** Place (location when signed): _____ Signature of arresting officer: _____

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

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

No Temporary License Issued:
Test Below Legal Limit

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

12/16

Section 1

ARREST DATE 05/13/2019		ARREST TIME 1000		COUNTY # 55		CITY # 81		CITATION # MOCK		
ARREST LOCATION MOCK				CITY MOCKM			COUNTY MOCK			
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 MOCK			MODEL MOCK			TAG # MOKC		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. 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

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OBSERVATION START 1010	TEST DATE 05/13/2019	MOUTHPIECE G	<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>																																					
<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>10:31</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>10:31</td></tr> <tr><td>Breath Volume</td><td>1.691 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:32</td></tr> <tr><td>Wait</td><td></td><td>10:34</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:34</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>10:35</td></tr> <tr><td>Breath Volume</td><td>1.613 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:35</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>10:36</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:36</td></tr> </tbody> </table>						Test	g/210L	Time	Air Blank	0.00	10:31	Subject Test	0.00	10:31	Breath Volume	1.691 LITERS		Air Blank	0.00	10:32	Wait		10:34	Air Blank	0.00	10:34	Subject Test	0.00	10:35	Breath Volume	1.613 LITERS		Air Blank	0.00	10:35	Cal Check	0.08	10:36	Air Blank	0.00
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Air Blank	0.00	10:36																																						
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>																																					
<p>NAME SMITH, JOSHUA</p> <p>BADGE # 0000000435</p> <p>PERMIT # 0000016837</p> <p>AGENCY BOARD OF TESTS</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 on the Department approved form, within fifteen (15) days from the date you received notice of revocation or disqualification. The approved hearing request form is available at <https://www.ok.gov/dps/documents/ReqHearing.pdf>. Submit your hearing request form in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK 73136. It shall be a misdemeanor punishable by imprisonment for not less than seven (7) days nor more than six (6) months, or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment, for any person to apply for a renewal or a replacement license to operate a motor vehicle while the person's license, permit, or other evidence of driving privilege is in the custody of a law enforcement officer or the Department.

Section 3

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

Date served: **05/13/2019** Signature of officer: _____ Badge #: _____

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

Section 4

Date: **05/13/2019** Place (location when signed): _____ Signature of arresting officer: _____

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

No Temporary License Issued:
Test Below Legal Limit

ARRESTEE'S COPY
BOT Form AFF02 01/2019



GUTH LABORATORIES, INC.
 590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

Certificate of Analysis – Wet Bath	
Date of Analysis 09-26-2018	Labelled target value (g/210L) .0200 ^{13/16}
Lot Number 18020	Average test result (g/210L) 0.0204
BOT Technician Name and Signature <i>Josh Smith</i>	



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

*RECD
08/25/18*

Random Samples of Lot Number **18020** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 11, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0238%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 9, 2020** 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.

ALPHA INSTRUMENT
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-002591
 09/26/2018 15:36

Test	g/210L	Time
Air Blank	0.000	15:36
Cal Check	0.020	15:37
Air Blank	0.000	15:37
Cal Check	0.020	15:38
Air Blank	0.000	15:39
Cal Check	0.020	15:39
Air Blank	0.000	15:40
Cal Check	0.020	15:41
Air Blank	0.000	15:41
Cal Check	0.020	15:42
Air Blank	0.000	15:42
Cal Check	0.020	15:43
Air Blank	0.000	15:44
Cal Check	0.021	15:44
Air Blank	0.000	15:45
Cal Check	0.021	15:46
Air Blank	0.000	15:46
Cal Check	0.021	15:47
Air Blank	0.000	15:47
Cal Check	0.021	15:48
Air Blank	0.000	15:49
Cal Check Stats		
Average	0.0204	
Std Dev	0.0005	
Rel Std Dev(%)	2.5312	

[Signature]
 Operator's Signature
16837

[Signature]
 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.



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Certificate of Analysis – Wet Bath	
09-26-18	.040 ^{14/16}
Date of Analysis	Labelled target value (g/210L)
17410	0.0396
Lot Number	Average test result (g/210L)
Josh Smith	<i>[Signature]</i>
BOT Technician Name and Signature	



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

Random Samples of Lot Number 17410 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 7, 2017, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0481%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 6, 2019** at 11:59 PM.

*RECD
8/25/18
[Signature]*

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.

ALPHA INSTRUMENT
Intoxilyzer – Alcohol Analyzer
Model 8000 SN 80-002591
09/26/2018 15:54

Test	g/210L	Time
Air Blank	0.000	15:54
Cal Check	0.040	15:55
Air Blank	0.000	15:56
Cal Check	0.039	15:56
Air Blank	0.000	15:57
Cal Check	0.039	15:58
Air Blank	0.000	15:58
Cal Check	0.040	15:59
Air Blank	0.000	15:59
Cal Check	0.040	16:00
Air Blank	0.000	16:01
Cal Check	0.040	16:01
Air Blank	0.000	16:02
Cal Check	0.039	16:03
Air Blank	0.000	16:03
Cal Check	0.040	16:04
Air Blank	0.000	16:04
Cal Check	0.040	16:05
Air Blank	0.000	16:06
Cal Check	0.039	16:06
Air Blank	0.000	16:07
Cal Check Stats		
Average	0.0396	
Std Dev	0.0005	
Rel Std Dev(%)	1.3040	


[Signature]
Operator's Signature
16837

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

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN12181501** whose values are traceable to NIST.

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

Certificate of Analysis – Wet Bath	
09-27-2018	.100
Date of Analysis	Labelled Target value (g/210L)
18070	0.0996
Lot Number	Aspirator test result (g/210L)
	
GUTH LABORATORIES, INC. 590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470	
BOT Technician Name and Signature: <i>Josh [Signature]</i>	

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
08/25/18
[Signature]*

Random Samples of Lot Number 18070 ✓ of

Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 28, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1219% (w/vol)** ethyl alcohol. The expiration date for this lot number is **February 26, 2020** 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.

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 00-002591
09/27/2018 08:28

Test	g/210L	Time
Air Blank	0.000	08:28
Cal Check	0.100	08:29
Air Blank	0.000	08:29
Cal Check	0.100	08:30
Air Blank	0.000	08:31
Cal Check	0.099	08:31
Air Blank	0.000	08:32
Cal Check	0.100	08:33
Air Blank	0.000	08:33
Cal Check	0.100	08:34
Air Blank	0.000	08:34
Cal Check	0.100	08:35
Air Blank	0.000	08:36
Cal Check	0.099	08:36
Air Blank	0.000	08:37
Cal Check	0.099	08:38
Air Blank	0.000	08:38
Cal Check	0.099	08:39
Air Blank	0.000	08:39
Cal Check	0.100	08:40
Air Blank	0.000	08:41
Cal Check Stats		
Average	0.0996	
Std Dev	0.0005	
Rel Std Dev(%)	0.5184	

[Signature]
Operator's Signature
16837

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

NIST Traceability:

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

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

Certificate of Analysis – Wet Bath

09-27-2018

.200

Date of Analysis

Labelled target value (g/210L)

17340

(R)

0.1968

Lot Number

Test result (g/210L)

Josh Smith

GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

BOT Technician Name and Signature

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.



16/16

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

REC'D
08/25/18
[Signature]

Random Samples of Lot Number 17340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 10, 2017**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2410%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 9, 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.

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000
09/27/2018

SH 80-002591
15:27

Test	g/210L	Time
Air Blank	0.000	15:27
Cal Check	0.196	15:28
Air Blank	0.000	15:29
Cal Check	0.196	15:29
Air Blank	0.000	15:30
Cal Check	0.197	15:31
Air Blank	0.000	15:31
Cal Check	0.197	15:32
Air Blank	0.000	15:33
Cal Check	0.197	15:33
Air Blank	0.000	15:34
Cal Check	0.197	15:35
Air Blank	0.000	15:35
Cal Check	0.197	15:36
Air Blank	0.000	15:36
Cal Check	0.197	15:37
Air Blank	0.000	15:38
Cal Check	0.197	15:38
Air Blank	0.000	15:39
Cal Check	0.197	15:40
Air Blank	0.000	15:40
Cal Check Stats		
Average	0.1968	
Std Dev	0.0004	
Rel Std Dev(%)	0.2142	

[Signature] 16837
Operator's Signature

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

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