



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

Post Office Box 36307

Oklahoma City, Oklahoma 73136-2307

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

Phone: (405) 425-2460 Fax: (405) 425-2490  
www.bot.ok.gov

Joshua Smith  
Director

**ATTESTATION**

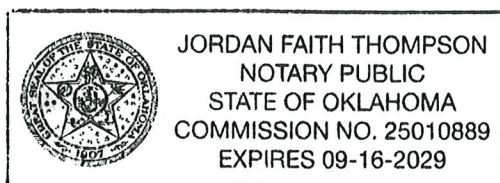
I, the undersigned Joshua Smith (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the 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 80-003319, in compliance with the agency's Maintenance Policy and Procedures.

Signed \_\_\_\_\_

Joshua Smith

Name of Position: Director/Records Custodian



State of Oklahoma

County of Oklahoma

Signed or attested before me on 10/07/2025

by Joshua Smith.

Jordan Faith Thompson

(Signature of notarial officer)

# 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



2/22

3600 N. Martin Luther King Bldg #1  
Oklahoma City, OK 73111  
405-425-2460

**BENCH CHECK DATE:** 8/12/2025

**SERIAL:** 80-003319

## **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
- Ilmo Specialty Gases Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis - Reference Solution (4)
- Guth Laboratories Certificate of Analysis (4)



3/22

**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  
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**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.

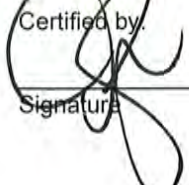
- Maintenance was performed on the Intoxilyzer 8000, Serial No. 80-003319 on 8/12/2025 in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.
- A dry gas canister appearing on the National Highway Traffic Safety Administration's Conforming Products List of Calibrating 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.: 15025080A1-044
  - BOT analysis average test result: 0.081
  - Cylinder expiration date: 7/5/2027
- In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

Simulator Model			
Guth 12V500	Guth 12V500	Guth 12V500	Guth 12V500
Serial #			
MP9201	MP9202	MP9203	MP9204
Concentration			
.02	.04	.10	.20
LOT #			
25010	25090	24390	25020
Manufactured Date			
1/7/2025	3/11/2025	10/29/2024	1/14/2025
Expiration Date			
1/7/2027	3/11/2027	10/29/2026	1/14/2027
Solution Commission Date			
8/12/2025	8/12/2025	8/12/2025	8/12/2025

Completed by BOT Personnel:

  
Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator  
Title

Certified by:  
  
Signature Name Joshua Smith

State Director  
Title



# STATE OF OKLAHOMA - BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

## CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT

BENCH CHECK DATE <b>08/12/2025</b>	TIME PROCEDURE BEGAN <b>11:22:2</b>	INSTRUMENT LOCATION <b>80-003319</b>
INSTRUMENT TYPE <b>Intoxilyzer</b>	INSTRUMENT MODEL <b>I-8000</b>	INSTRUMENT SERIAL NUMBER <b>80-003319</b>

### TEST RESULTS


**Diagnostics****PASS****Mouth Alcohol Test****PASS****RFI Test****PASS****Abort Test****PASS****Improper Sample Test****PASS****Interferent Detect Test****PASS****No Sample Given Test****PASS****Insufficient Sample Test****PASS****Air Blank Contamination Test****PASS****Range Exceeded Test****PASS****Duplicate Breath Sampling Results**

Value	Test 1	Test 2	Control Test
.02	0.019	0.018	0.020
.04	0.038	0.037	0.036
.10	0.097	0.095	0.097
.20	0.201	0.198	0.199

**PASS**

### CERTIFYING TECHNICIAN

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

SIGNATURE 	DATE <b>8/12/2025</b>
NAME <b>PAPE, CHRISTOPHER</b>	PERMIT # <b>0000023020</b>

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-003319, 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 July 26, 2025

Signed

Dewayne A. Vail  
Technician

**CMI** INC.

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

Part No. 650517 Rev.A



# CMI INC.

## Service Evaluation Form

**This form MUST be completed and enclosed with item to be serviced.**  
**\*\*\* Hazardous Material Warning! – DO NOT return gas cylinder with instrument! \*\*\***

Note: Please ship items in their original shipping container.

### Contact information:

**Name** Chris Pape **Phone:** ( 405 ) 425-2460  
**Email:** christopher.pape@bot.ok.gov **Customer #** 731362 (contact Customer Service)

### Your Billing Address

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Credit Card/PO #:** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ **CVV** \_\_\_\_\_

### Your Shipping Address

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Contact Person:** Chris Pape  
**Contact Phone:** (405) 425-2460  
**Email:** christopher.pape@bot.ok.gov

**Instrument Serial Number:** 80-003319

### Detailed Description of Problem:

Unit will not POST.

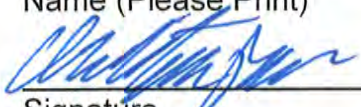
Note: For instruments not under warranty, an evaluation fee of \$83.00 (infrared and I-200) or \$43.50 (fuel cell), plus return shipping cost, will apply to all service items.

☒ I authorize all repairs up to \$500 to be performed.

After repair, add "Certificate of Calibration" for: ☐ S-D2, S-D5, and I-800 (\$19)

☐ I-200, I-240, I-300, I-400, and I-600 (\$39)

### Authorized By:

Chris Pape	Breath Testing Admin
Name (Please Print)	Title
	<u>9/17/24</u>
Signature	Date

Ship item to:

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



7/22

DATE: 9/26/2024

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

## SERVICE WORK ORDER

409095

## Bill To:

OK BOT  
PO Box 36307  
Oklahoma City, OK 73136-2307  
USA  
Customer #: 731362  
Phone: 405-425-2424  
Fax: 405-425-2490 fax

## Ship To:

OK BOT  
PO Box 36307  
Oklahoma City OK 73105-3204 USA  
Phone: 405-425-2424

MODEL #: 0024800K

Serial Number: 80-003319

BILL CODE: Out of Warranty

## EXTRA PARTS RCVD:

*bh, kb, battery, gas shelf*

## DESCRIPTION OF PROBLEM

unit will not post

## WORK PERFORMED:

Replaced parts listed; calibrated/final tested; 8133.16 software

## PARTS USED

Seq. No.	Part	Description	Quantity
100	650517	CERTIFICATE OF CALIBRATION	2.00 EA
110	441169	COVER DUST,5/8in x 1/2in	1.00 EA
120	470145	CAP,PLASTIC,,25IDx.50LG,RED	3.00 EA
130	470154	CAP,PLSTC,,.406IDx.438-.562,RED	1.00 EA
140	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
150	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	2.00 EA
160	R021357	SOLENOID ASSY,I8000, REQUAL	1.00 EA

## LABOR / TESTING

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

Technician Name: Dewayne Varvel

SRV4090950001



# CMI INC.

## Service Evaluation Form

**This form MUST be completed and enclosed with item to be serviced.**  
**\*\*\* Hazardous Material Warning! – DO NOT return gas cylinder with instrument! \*\*\***

Note: Please ship items in their original shipping container.

### Contact information:

**Name** Chris Pape **Phone:** ( 405 ) 425-2460  
**Email:** christopher.pape@bot.ok.gov **Customer #** 731362 (contact Customer Service)

### Your Billing Address

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Credit Card/PO #:** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ **CVV** \_\_\_\_\_

### Your Shipping Address

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Contact Person:** Chris Pape  
**Contact Phone:** (405) 425-2460  
**Email:** christopher.pape@bot.ok.gov

**Instrument Serial Number:** 80-003319

### Detailed Description of Problem:

Unit sent back without correct firmware after repair. Spoke with Dewayne about the issue and should be covered under 90 day warranty.

Note: For instruments not under warranty, an evaluation fee of \$83.00 (infrared and I-200) or \$43.50 (fuel cell), plus return shipping cost, will apply to all service items.

☒ I authorize all repairs up to \$500 to be performed.

After repair, add "Certificate of Calibration" for: ☐ S-D2, S-D5, and I-800 (\$19)  
☐ I-200, I-240, I-300, I-400, and I-600 (\$39)

### Authorized By:

Chris Pape	Breath Testing Admin
Name (Please Print)	Title
	7/16/2025
Signature	Date

Ship item to:

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





9/22

DATE: 7/23/2025

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

## SERVICE WORK ORDER

409820

## Bill To:

OK BOT  
PO Box 36307  
Oklahoma City, OK 73136-2307  
USA  
Customer #: 731362  
Phone: 405-425-2424  
Fax: 405-425-2490 fax

## Ship To:

Oklahoma Board Of Tests  
3600 Martin Luther King  
Bldg #1  
Oklahoma City OK 73136-3000  
USA  
Phone: 405-425-2424

MODEL #: 0024800K

Serial Number: 80-003319

BILL CODE: 90 Day Service  
Warranty

## EXTRA PARTS RCVD:

BH, KB, BATTERY, GAS SHELF

## DESCRIPTION OF PROBLEM

UNIT SENT BACK WITHOUT CORRECT FIREWARE AFTER REPAIR. SPOKE WITH DEWAYNE ABOUT ISSUE AND SHOULD BE COVERED UNDER 90 DAY WARRANTY.

## WORK PERFORMED:

installed 8133.16 software; Final tested;

## PARTS USED

Seq. No.	Part	Description	Quantity
100	650517	CERTIFICATE OF CALIBRATION	2.00 EA
110	441169	COVER DUST,5/8in x 1/2in	1.00 EA
120	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
130	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
140	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA

## LABOR / TESTING

Misc Code	Description	Hours
LABR	Service Repair Labor	
LFT	Service - Cal / Final Test	1.00

Technician Name: Dewayne Varvel

SRV4098200001





10/22

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

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

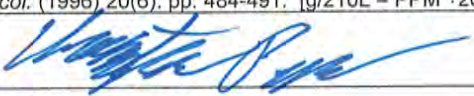
Post Office Box 36307  
Oklahoma City, Oklahoma 73136-2307  
Phone: (405) 425-2460 Fax: (405) 425-2490  
www.bot.ok.gov

Joshua Smith  
Director

**Certificate of Analysis – Dry Gas**

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-002591  
07/29/2025 12:59

Test	g/210L	Time
Air Blank	0.000	12:59
Cal Check	0.080	12:59
Air Blank	0.000	13:00
Cal Check	0.081	13:00
Air Blank	0.000	13:01
Cal Check	0.081	13:01
Air Blank	0.000	13:02
Cal Check	0.081	13:02
Air Blank	0.000	13:03
Cal Check	0.080	13:03
Air Blank	0.000	13:03
Cal Check	0.080	13:04
Air Blank	0.000	13:04
Cal Check	0.081	13:05
Air Blank	0.000	13:05
Cal Check	0.081	13:05
Air Blank	0.000	13:06
Cal Check	0.080	13:06
Air Blank	0.000	13:07
Cal Check	0.081	13:07
Air Blank	0.000	13:08
Cal Check Stats		
Average	0.0806	
Std Dev	0.0005	
Rel Std Dev(%)	0.6406	

Known Breath-Alcohol Equivalent (g/210L) Ratio of Nitrogen and Ethanol Gas (208 ppm/105 L) $0.08 \text{ g/210L} = 208 \text{ PPM} \div 2605^*$		
Manufacturer: <b>ILMO</b>	Manufacturer Cert. No.: <b>17346</b>	Cylinder Size: <b>105L</b>
Lot No.: <b>15025080A1</b>	Cylinder No.: <b>044</b>	Expiration Date: <b>07/05/2027</b>
The above 105 L cylinder has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference standard meets the requirements for use as a calibrating unit in accordance with 47 O.S. 759, 40 OAC 25-1-3, and appears on the current conforming products list of calibrating units for breath alcohol testers published by the U.S. Department of Transportation in the Federal Register [77 FR 64588 et seq]. * See Dubowski, K.M. and Essary N., <i>Journal of Anal. Toxicol.</i> (1996) 20(6): pp. 484-491. [g/210L = PPM $\div$ 2605].		
Signature 	Date: <b>07/29/2025</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	



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

## Certificate of Analysis

Certificate ID: 17346  
 Part #: BAC105L080T  
 Cylinder Size: 105L  
 Lot Number: 15025080A1  
 Expiration: 7/5/2027

RCVD  
 7/11/2025  
 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): abs	Analytical Method:
Ethanol	208 ppm	+/-0.002 BAC(G/210L)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:

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

\*Reference Standard:  
 NIST Traceable Certified Reference Material - 260.6 µmol/mol  
 Ethanol in Nitrogen - Serial No. GN0015020 Lot No. 00424E1

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

*Christopher Wright*  
 Specialty Gas Lab Tech

6/17/25  
 Issuance Date

*J. L. Mania*



The calibration results within this certificate were obtained at the facility listed above 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. This certificate applies only to the items described and shall not be reproduced other than in full, without written approval from the issuing facility.



# OFFICER'S IMPAIRED DRIVING AFFIDAVIT

12/22

Section 1

ARREST DATE 08/12/2025	ARREST TIME 1400	COUNTY # 55	CITY #	CITATION #
ARREST LOCATION BOT		CITY	COUNTY OKLAHOMA	
SUBJECT NAME NORTH, GAYLON LEVERNE		DATE OF BIRTH 08/09/1961	SEX M	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
VEHICLE MAKE MOCK		MODEL MOCK	TAG # MOCK	RESTRICTIONS 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

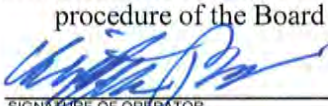
(Describe person's condition (odor, actions, etc.):

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 80-003319	SPECIALIST BOARD OF TESTS																																					
STANDARD Dry	TARGET VALUE 0.080	PERMIT NUMBER 23020																																					
MANUFACTURER ILMO	LOT # 15025080A1	DATE CYLINDER INSTALLED 08/12/2025	DATE CYLINDER EXPIRES 07/05/2027																																				
OBSERVATION START 1410	TEST DATE 08/12/2025	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.																																					
RESULT TABLE		I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.																																					
<table><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>14:34</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:34</td></tr><tr><td>Breath Volume</td><td>2.031 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:35</td></tr><tr><td>Wait</td><td></td><td>14:37</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:37</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:37</td></tr><tr><td>Breath Volume</td><td>2.062 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:38</td></tr><tr><td>Cal Check</td><td>0.07</td><td>14:38</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:39</td></tr></tbody></table>		Test	g/210L	Time	Air Blank	0.00	14:34	Subject Test	0.00	14:34	Breath Volume	2.031 LITERS		Air Blank	0.00	14:35	Wait		14:37	Air Blank	0.00	14:37	Subject Test	0.00	14:37	Breath Volume	2.062 LITERS		Air Blank	0.00	14:38	Cal Check	0.07	14:38	Air Blank	0.00	14:39	 SIGNATURE OF OPERATOR	
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Breath Volume	2.062 LITERS																																						
Air Blank	0.00	14:38																																					
Cal Check	0.07	14:38																																					
Air Blank	0.00	14:39																																					
		NAME PAPE, CHRISTOPHER																																					
		BADGE # 0000000484	PERMIT # 0000023020																																				
		AGENCY BOARD OF TESTS																																					



Test Result  
BrAC g/210L  
**0.00**

## What happens next?

Section 3

1. Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges.
2. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle.
3. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
4. The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma.  
To confirm or change your address on file, contact Service Oklahoma.
5. The Order and Notice of Revocation will inform you of your requirements to regain driving privileges in Oklahoma.

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 IMPAIRED DRIVING AFFIDAVIT

13/22

Section 1

ARREST DATE 08/12/2025	ARREST TIME 1400	COUNTY # 55	CITY #	CITATION #
ARREST LOCATION BOT		CITY	COUNTY OKLAHOMA	
SUBJECT NAME NORTH, GAYLON LEVERNE		DATE OF BIRTH 08/09/1961	SEX M	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 M
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 80-003319	SPECIALIST BOARD OF TESTS																																				
STANDARD Dry	TARGET VALUE 0.080	PERMIT NUMBER 23020																																				
MANUFACTURER ILMO	LOT # 15025080A1	DATE CYLINDER INSTALLED 08/12/2025 DATE CYLINDER EXPIRES 07/05/2027																																				
OBSERVATION START 1410	TEST DATE 08/12/2025	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.																																				
RESULT TABLE																																						
<table border="1"><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>14:34</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:34</td></tr><tr><td>Breath Volume</td><td>2.031 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:35</td></tr><tr><td>Wait</td><td></td><td>14:37</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:37</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:37</td></tr><tr><td>Breath Volume</td><td>2.062 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:38</td></tr><tr><td>Cal Check</td><td>0.07</td><td>14:38</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:39</td></tr></tbody></table>		Test	g/210L	Time	Air Blank	0.00	14:34	Subject Test	0.00	14:34	Breath Volume	2.031 LITERS		Air Blank	0.00	14:35	Wait		14:37	Air Blank	0.00	14:37	Subject Test	0.00	14:37	Breath Volume	2.062 LITERS		Air Blank	0.00	14:38	Cal Check	0.07	14:38	Air Blank	0.00	14:39	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	14:34																																				
Subject Test	0.00	14:34																																				
Breath Volume	2.031 LITERS																																					
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Air Blank	0.00	14:38																																				
Cal Check	0.07	14:38																																				
Air Blank	0.00	14:39																																				
		NAME PAPE, CHRISTOPHER																																				
		BADGE # 0000000484																																				
		PERMIT # 0000023020																																				
		AGENCY BOARD OF TESTS																																				



Test Result  
BrAC g/210L  
**0.00**

Section 3

## What happens next?

1. Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges.
2. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle.
3. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
4. The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma.  
To confirm or change your address on file, contact Service Oklahoma.
5. The Order and Notice of Revocation will inform you of your requirements to regain driving privileges in Oklahoma.

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

ARRESTEE'S COPY

BOT Form AFF02 11/2024



14/22

**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

**Certificate of Analysis – Reference Solution**

**ALPHA INSTRUMENT**

Intoxilyzer - Alcohol Analyzer

Model 8000

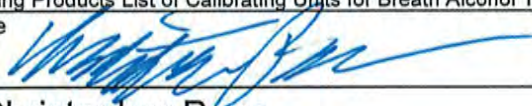
SN 80-002591

07/09/2025

12:20

Test	g/210L	Time
Air Blank	0.000	12:20
Cal Check	0.019	12:21
Air Blank	0.000	12:21
Cal Check	0.019	12:22
Air Blank	0.000	12:23
Cal Check	0.019	12:23
Air Blank	0.000	12:24
Cal Check	0.019	12:25
Air Blank	0.000	12:25
Cal Check	0.020	12:26
Air Blank	0.000	12:26
Cal Check	0.019	12:27
Air Blank	0.000	12:28
Cal Check	0.019	12:28
Air Blank	0.000	12:29
Cal Check	0.020	12:30
Air Blank	0.000	12:30
Cal Check	0.019	12:31
Air Blank	0.000	12:31
Cal Check	0.020	12:32
Air Blank	0.000	12:33
Cal Check Stats		
Average	0.0193	
Std Dev	0.0004	
Rel Std Dev(%)	2.5026	

**NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.**

Manufacturer: <b>Guth</b>	Manufactured Date: <b>1/7/2025</b>	Concentration: <b>0.020</b>
Lot No.: <b>25010</b>	Expiration Date: <b>1/7/2027</b>	Equipment Model: <b>Guth 2100</b>
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: <b>7/9/2025</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	



**GUTH LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**RCVD  
5/30/25  
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **25010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 8, 2025**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0235%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 7, 2027** 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, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN03122113 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.*



16/22

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

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Joshua Smith  
Director

**Certificate of Analysis – Reference Solution**

ALPHA INSTRUMENT 2

Intoxilyzer - Alcohol Analyzer

Model 8000

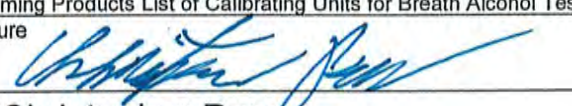
SN 80-004923

07/01/2025

11:06

Test	g/210L	Time
Air Blank	0.000	11:07
Cal Check	0.037	11:07
Air Blank	0.000	11:08
Cal Check	0.037	11:09
Air Blank	0.000	11:09
Cal Check	0.038	11:10
Air Blank	0.000	11:10
Cal Check	0.038	11:11
Air Blank	0.000	11:12
Cal Check	0.037	11:12
Air Blank	0.000	11:13
Cal Check	0.038	11:14
Air Blank	0.000	11:14
Cal Check	0.038	11:15
Air Blank	0.000	11:15
Cal Check	0.038	11:16
Air Blank	0.000	11:17
Cal Check	0.038	11:17
Air Blank	0.000	11:18
Cal Check	0.038	11:19
Air Blank	0.000	11:19
Cal Check Stats		
Average	0.0377	
Std Dev	0.0004	
Rel Std Dev (%)	1.2812	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.

Manufacturer: <b>Guth</b>	Manufactured Date: <b>3/11/2025</b>	Concentration: <b>0.040</b>
Lot No.: <b>25090</b>	Expiration Date: <b>3/11/2027</b>	Equipment Model: <b>Guth 2100</b>
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: <b>7/1/2025</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	

**GUTH LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**RCVD  
5/30/25  
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **25090** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 12, 2025**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0480%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 11, 2027** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.040 g/210L**  $\pm 3\%$ .

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN06032102 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.*





18/22

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

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Joshua Smith  
Director

**Certificate of Analysis – Reference Solution**

**ALPHA INSTRUMENT**

Intoxilyzer - Alcohol Analyzer

Model 8000

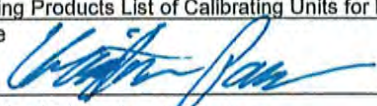
SN 80-002591

01/15/2025

09:30

Test	g/210L	Time
Air Blank	0.000	09:31
Cal Check	0.100	09:31
Air Blank	0.000	09:32
Cal Check	0.100	09:33
Air Blank	0.000	09:33
Cal Check	0.099	09:34
Air Blank	0.000	09:35
Cal Check	0.099	09:35
Air Blank	0.000	09:36
Cal Check	0.099	09:37
Air Blank	0.000	09:37
Cal Check	0.099	09:38
Air Blank	0.000	09:38
Cal Check	0.100	09:39
Air Blank	0.000	09:40
Cal Check	0.099	09:40
Air Blank	0.000	09:41
Cal Check	0.099	09:42
Air Blank	0.000	09:42
Cal Check	0.100	09:43
Air Blank	0.000	09:43
Cal Check Stats		
Average	0.0994	
Std Dev	0.0005	
Rel Std Dev (%)	0.5195	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.

Manufacturer: <b>Guth</b>	Manufactured Date: <b>10/29/2024</b>	Concentration: <b>0.100</b>
Lot No.: <b>24390</b>	Expiration Date: <b>10/29/2026</b>	Equipment Model: <b>Guth 2100</b>
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: <b>1/15/2025</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	



**GUTH LABORATORIES, INC.**

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

19/22

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

RCVP  
12/3/24  
CP

Random Samples of Lot Number **24390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 30, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2026** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm 3\%$ .

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number **FN03072301** 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.*





20/22

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

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Chairman

Joshua Smith  
Director

**Certificate of Analysis – Reference Solution**

ALPHA INSTRUMENT 2

Intoxilyzer - Alcohol Analyzer

Model 8000

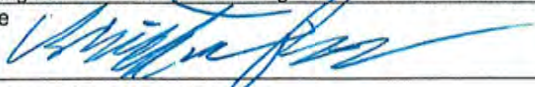
SN 80-004923

06/06/2025

11:23

Test	g/210L	Time
Air Blank	0.000	11:24
Cal Check	0.200	11:24
Air Blank	0.000	11:25
Cal Check	0.199	11:26
Air Blank	0.000	11:26
Cal Check	0.199	11:27
Air Blank	0.000	11:27
Cal Check	0.198	11:28
Air Blank	0.000	11:29
Cal Check	0.199	11:29
Air Blank	0.000	11:30
Cal Check	0.199	11:31
Air Blank	0.000	11:31
Cal Check	0.199	11:32
Air Blank	0.000	11:33
Cal Check	0.197	11:33
Air Blank	0.000	11:34
Cal Check	0.199	11:35
Air Blank	0.000	11:35
Cal Check	0.198	11:36
Air Blank	0.000	11:36
Cal Check Stats		
Average	0.1987	
Std Dev	0.0008	
Rel Std Dev(%)	0.4143	

**NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.**

Manufacturer: <b>Guth</b>	Manufactured Date: <b>1/14/2025</b>	Concentration: <b>0.200</b>
Lot No.: <b>25020</b>	Expiration Date: <b>1/14/2027</b>	Equipment Model: <b>Guth 2100</b>
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature: 	Date: <b>6/6/2025</b>	
Name: <b>Christopher Pape</b>	Permit No.: <b>23020</b>	



**GUTH LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**RCVD  
5/30/25  
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **25020** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 15, 2025**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2409%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 14, 2027** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.200 g/210L  $\pm$  3%**.

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

Testing was conducted using Cerilliant Reference Standard lot number **FN03132302** 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.

Location Returned From Owasso PD	Unit Serial # 80-003319	Date: 8/23/24
-------------------------------------	----------------------------	------------------

#### Inventory Process

<input checked="" type="checkbox"/> Unit checked in to BOT	<input checked="" type="checkbox"/> Unlink Gas Canister from Unit	Old Cylinder #: 04924080A4-024
<input checked="" type="checkbox"/> New Unit Checked out	<input type="checkbox"/> Remove old cylinder from unit	<input checked="" type="checkbox"/> Old cylinder disposed in inventory
		<input checked="" type="checkbox"/> Old cylinder archived

#### Check in Procedure

☐ Connect unit to ethernet connection 172.019.004. 146

☐ Download any stored records \_\_\_\_\_

☐ Change unit location to Serial number

☐ Update Unit Date and time

Previous time: \_\_\_\_\_

New Time: \_\_\_\_\_

☐ Execute a new Forms load on the unit

#### Notes from the Field

☐ Routine Swap ☒ Issues in the Field

Unit will not POST.

#### Lab Evaluation

Breath Hose Hold Vacuum?: ☐ Test Chamber Hold Vacuum?: ☐

#### DVM

3µm \_\_\_\_\_ Chamber Temp \_\_\_\_\_ Snap Test ok? ☐

9µm \_\_\_\_\_ Breath Hose Temp \_\_\_\_\_ RFI Detected? ☐

#### Peripheral Tests

Speaker (F5) ☐ Power LED Green (F6) ☐ Red (F7) ☐ Fan (F9) ☐

Gas Regulator (F11) ☐ Pump (F10) ☐ Receipt paper ☐

#### Atmospheric Sensor

Pressure \_\_\_\_\_ Correction Factor \_\_\_\_\_ Resistance \_\_\_\_\_ Value \_\_\_\_\_

#### Flow Sensor

#### Tank Sensor

Is regulator close to  
Tank Sensor Value?  
☐ Yes / ☐ No

#### Sent to CMI (If needed) Reason Sent

Date Sent 9/17/24 7/16/25

Invoice Sent 6/9/25

Date Returned 7/15/25 8/1/25

Unit will not POST  
Sent back to CMI due to firmware not loaded on  
unit before shipping back to BOT

#### Repairs needed:

#### Repairs Made:

Ready for Bench Check? ☒

#### Inventory Process

<input type="checkbox"/> Linked Cylinder to Unit	<input type="checkbox"/> Bench Check Technician Report
<input type="checkbox"/> Changed Unit Status	<input type="checkbox"/> Mock Subject Test Completed
<input type="checkbox"/> Bench Check Report Completed	<input type="checkbox"/> Certificate of Calibration and Operation
	<input type="checkbox"/> Service Overview Completed

#### To complete if unit sent to CMI

<input type="checkbox"/> CMI Workorder
<input type="checkbox"/> CMI Certificate of Calibration
<input type="checkbox"/> CMI Service Evaluation Form