

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:

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

This packet consists of pages. Signed

Name of Position: Director/Records Custodian

Date of Attestation:



Board of Tests for Alcohol and Drug Influence Enhancing public sufety by ensuing the accuracy and scientific retability of blood and breath lesting



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

BENCH CHECK DATE: 07-19-2021

SERIAL: 80-003322

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- <u>CMI Certificate of Calibration 07-02-2021</u>
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- <u>CMI Service Evaluation Form</u>
- <u>CMI Work Order</u>
- 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** <u>80-003322</u>, 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	07-21-08
Board of Tests Bench Check	11-07-08
Board of Tests Bench Check	05-17-10
Board of Tests Bench Check	05-10-12
Manufacturer Calibration	06-28-13
Board of Tests Bench Check	07-09-13
Board of Tests Bench Check	05-28-14
Board of Tests Bench Check	02-08-16
Board of Tests Bench Check	03-14-16
Board of Tests Bench Check	11-22-17
Board of Tests Bench Check	11-02-19
Manufacturer Calibration	07-02-21
Board of Tests Bench Check	07-19-21
· · · · · · · · · · · · · · · · · · ·	



Presentation of this form certifies that the Intoxilyzer, SN: <u>80-003322</u>, 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,

. pohr HBlikelium

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 80-003322, 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 02,2021 Signed Alice Jo - III INC.

(())))

316 East 9th Street Owensboro, KY 42303 USA

Part No. 650517 Rev.A

5/16

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

NCH CHECK DATE	TIME PROCEDURE BEGAN		STRUMENT LOCATION	2		
STRUMENT TYPE Intoxilyzer	INSTRUMEN I-80	TMODEL	<u></u>	INSTRUMENT SE		
	1-30	TEST RES	SULTS	80-003322		
Diagnosti PASS						
PASS						
Mouth Alcoho	ol Test					
PASS						
RFI Test	t					
PASS		Due	licate Breath	Compling Do		
Abort Tes	st			Sampling Re		
PASS		Value	Test 1	Test 2	Control Test	
Improper Samp	ole Test		1			
PASS		.02	0.019	0.019	0.020	
Interferent Dete	ect Test	.04	0.039	0.039	0.040	
PASS		.10	0.099	0.099	0.100	
No Sample Give PASS	en Test	.20	0.200	0.199	0.200	
Insufficient Sam PASS	ple Test		PA	SS		
Air Blank Contamir	nation Test					
PASS						
Range Exceede	ad Test					
PASS	54 1651					
1100						
		CERTIFYING T	ECHNICIAN		- Alana	
I swear under penalty	of perjury that in	regards to the	above listed i	instrument, I	have complied y	
the Intoxliyzer Bench	n Checking Procedu	ure approved b	by the State of	f Oklahoma.		
NATURE				DATE		
. 1. A	1					
Chilles	12n 2.	3020		7,	119/2021	
E	A set s			PERMIT #	-	

Board of Tests for Alcohol and Drug Influence Enhancing public safety by ensuring the accuracy and scientific rehability of blood and breath testing

End Time: 10:50

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

BENCH CHECK TECHNICIAN'S REPORT

Start Time: 09:30

Intoxilyzer Model	S	erial #			
8000		80-003322			
GAS CANISTER					
LOT #	E	XP Date			
11821080A2-009		06/05/2	023		
REFERENCE		1.5			
	Simulator	Model	(
Guth 2100	Guth 2100	Guth 2100	Guth 2100		
		ial <u>#</u>			
DR2834	DR3700	DR2455	DR3470		
	the second se	ntration			
.02	.04	.10	.20		
		<u>T #</u>			
20070	20060	20190	20160		
	Manufact	ured Date			
02/13/2020	02/10/2020	04/06/2020	03/18/2020		
the second second second second	Expiration	on Date			
02/13/2022	02/10/2022	04/06/2022 03/18/2			
	Solution Com	mission Date			
6/28/2021	6/28/2021	6/28/2021	6/28/2021		

REASON FOR BENCH CHECK

ØPOST REPAIR ØCYLINDER REPLACEMENT

TROUBLESHOOTING ROUTINE MAINTENANCE

COMMENTS

Date: 07/19/2021

RAM Chip, Flash PROM, pump assembly, Breath Hose, Display and O-Rings replaced.

13020

Technician Signature / Permit #

Christopher Pape #23020 Printed Name

Certificate o	f Analysis – Dry Gas	
6/17/2021	0.080	TO THE PARTY OF TH
Date of Analysis	Labelled target value (g/210L)	
009	0.0RI	
Cylinder#	Average test result	
Christopher Paper	2 drafter fife 23020	specialty gases

In accordance with BOT Policy and Procedure Statement BRT-2.2.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external referenced dry gas cylinder is suitable for use as a external refere 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID:	13921
Part #:	BAC105L080
Cylinder Size:	105L
Lot Number:	11821080A2
Expiration:	6/5/2023



dian ca

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

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

	Reported
Component:	Concentra
Ethanol	208 ppm
Nitrogen	Balance

Analytical Accuracy ation: (U, k=2): +/-0.002 BAC(G/210L) NDIR [5.2 ppm]

Analytical Method:

Distributed by:

CMI Inc. 316 East Ninth Stree Owensboro, KY 42: Phone 866-835-069(www.alcoholtest.coi

area to exceed 52 °C (125 °F).

Store in dry area, away from sources of heat,

ignition and direct sunlight. Do not allow storage

Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-002591 06/17/202! 09:42 Test g/210L Time Air Blank 0.000 09:42

RLPHA INSTRUMENT

HII DIGIN	0.000	12.42
Cal Check	0.081	09:43
Air Blank	0.000	09:43
Cal Check	0.080	09:44
Air Blank	0.000	09:44
Cal Check	0.081	09:44
Air Blank	0.000	09:45
Cal Check	0.081	09:45
Air Blank	0.000	09:46
Cal Check	0.080	09:46
	0.000	09:47
	0.080	09:47
Air Blank	0.000	09:47
Cal Check	0.081	09:48
	0.000	09:48
	0.081	09:49
Air Blank	0.000	09:49
Cal Check	0.081	09:49
Air Blank	0.000	09:50
Cal Check	0.081	09:50
Air Blank	0.000	09:51
Cal Check Stats		
Average	0.0807	
Std Deu	0.0004	
Rel Std Deu(%)	0.5985	

5

*Traceable to: Certified Reference Material - 262.4 µmol/mol Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Gas Lab Tech Special

and Na

05-27-2021 Issuance Date

Testing Accreditation #61895

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

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 infor	mation:	Customer Number	731362	(contact Customer Service)
Name: Bo	ard of Test	S	Phone: (405)	425 2460
Fax: (405) 4 2	25 2490	Email:	christopher.pape	e@bot.ok.gov
2. Bill to Addres		ML King, Bldg 9	Ship to Address:	Board of Tests 3600 N ML King, Bldg 9 OKC, OK 73111
3. Serial Numb	er: <u>80-0033</u>	22	Instrument Model:	Intoxilyzer 500 / 8000
4. Detailed Des Ram Chip a and power	nd Softwa	e Chip replaced bu	t unit will not POS	ST. Display does not come on
Hazard	lous Materia	I Warning! - <u>DO NO</u> T	[return gas cylinde	ers with instrument!
I Authorize F	Repairs Up ⁻	Го: 🗌 АШ 🔤 \$250	⊠\$500 □\$750	Other \$
Authorized By:			Ship	o to:
Chris Pape	<u> </u>	Breath Tes		
Name (Please I	Print)	Title		I, Inc
-		12/2/2020		n: Service Dept.
Signature		Date	316	6 East Ninth Street
	Call: <u>405-42</u>	5-2460 or email	Ow	ensboro, KY 42303
No, please s	end estimat	e before repairs are	made.	
Note: Ar	n estimate w	vill be faxed <u>before</u> pe	erforming any repa	irs and may cause delays in service.
An evalı	uation fee (\$	79.00 or actual costs	s) will apply to estin	nates that are not repaired.

10/16



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

Ship To:

USA

Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9

Oklahoma City OK 73136-3000

3600 Martin Luther King

Phone: 405-425-2424

SERVICE WORK ORDER

405545

BILL CODE: Out of Warranty

Bill To:

DATE: 12/9/2020

Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City, OK 73136-3000 USA Customer #: 731362 Phone: 405-425-2424 Fax: 405-425-2490 fax

MODEL #: 0024800K

EXTRA PARTS RCVD:

N/A

DESCRIPTION OF PROBLEM

RAM CHIP AND SOFTWARE CHIP REPLACED BUT UNIT WILL NOT POST. DISPLAY DOES NOT COME ON AND POWER LIGHT STAYS ORANGE.

Serial Number: 80-003322

WORK PERFORMED:

found solder bridge on RAM IC/ repaired; pump assy/ erratic; breath hose/ leaks; O-rings/ cracked; display/ real dim/ replaced parts listed; calibrated/ final tested;

PARTS USED

Seq. No.	Part	Description	Quantity
50	402565	O-RING, NEOPRENE, . 301 IDx. 06 THK	1.00 EA
60	471201	O-RING,BUNA-N,-008,3/16inx5/16	1.00 EA
70	120090	O-RING,GAS CYLINDERS,BUNA-N,70	1.00 EA
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP, PLASTIC, 25IDx.50LG, RED	3.00 EA
110	470154	CAP,PLSTC,.406IDx.438562,RED	1.00 EA
120	470218	SEAL, TAMPER EVIDENT, SERVICE	1.00 EA
130	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	0.00 EA
140	220284	IC,SMD,FLASH,512KB,PLCC-32	0.00 EA
150	530030	TUBING, TYGON, .375IDx.562OD	2.00 IN
160	450151	TAG,S/N,CMI	1.00 EA
170	020982FL	SOURCE ASSY	0.00 EA
180	140112	DISPLAY,2x20 VFD 9MM	1.00 EA
190	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00 EA
200	021297	PUMP ASSY,18000	1.00 EA
210	021307FL	HOSE ASSY, BREATH, 18000	1.00 EA

LABOR / TESTING	the Rest of Charles of the	
Misc Code	Description	Hours
LABR	Service Repair Labor	
LCAL	Service - Calibration Adjust	0.50
LFT	Service - Cal / Final Test	1.00

OFFICER'S AFFIDAVIT AND NOTICE OF

11/16

1907

Test Result

BrAC g/210L

Section 4

Castion

×

ARREST DATE		ARREST TIME		COUNTY #	-	CITY #		CITATION #			Sectio
07/19/20	21	1000		55		CIT W	11	CITATION			
ARREST LOCATION BOT					CITY				OK	LAHC	OMA
NORTH, G	AYLON LEVER	NE				TE OF BIRTH	1961	L SEX	RACE	HEIGHT	
and the first state of the stat	TIN LUTHER	KING A	OKL	AHOMA C				OK	2.2	ZIP COL	
T0834548	71			EXPIRATION DA		9 OK	A		RESTR	ICTIONS	ENDORSEMEN
MOCK	and location, the above named	MODEL				MOCK			OK	N N	PLACARD N
Describe person's condition	on (odor, actions, etc.): R MAINTENANCE	, INSTALLE	D NEW CYL	INDER							
POST REPAI	R MAINTENANCE	THE PERSON V	VAS INFORMED OF	THE IMPLIED CONS			ECORD				Sectio
POST REPAI		THE PERSON V	VAS INFORMED OF	THE IMPLIED CONS			ECORD.				Sectio
POST REPAI	R MAINTENANCE	THE PERSON V THE PERSON NAMED SERIAL 1	VAS INFORMED OF	THE IMPLIED CONS (E, and LOG OF TES SPECIALIST BOARD	TAND MA	ESTS	ECORD.				Sectio
POST REPAI BREATH-ALCOHOL ANA EQUIPMENT I-8000 STANDARD Dry	R MAINTENANCE	THE PERSON V THE PERSON NAMED SERIAL 1	VAS INFORMED OF IN SECTION 1 ABOV NUMBER 0 0 0 3 3 2 2 TARGET VALU 0 . 0 8 0	THE IMPLIED CONS (E, and LOG OF TES SPECIALIST BOARD E	TAND MA	ESTS JMBER 2 0					
POST REPAI BREATH-ALCOHOL AN/ EQUIPMENT I - 8000 STANDARD DY MANUFACTURER ILMO	R MAINTENANCE	THE PERSON V THE PERSON NAMED SERIAL 80-	VAS INFORMED OF IN SECTION 1 ABOV NUMBER 0 0 0 3 3 2 2 TARGET VALU 0 . 0 8 0 LOT #	THE IMPLIED CONS (E, and LOG OF TES SPECIALIST BOARD E	TAND MA	ESTS	.ED			ER EXPIRI	ES
POST REPAI BREATH-ALCOHOL ANA EQUIPMENT I - 8000 STANDARD DTY MANUFACTURER ILMO DESERVATION START 1015	R MAINTENANCE	THE PERSON V THE PERSON NAMED SERIAL I 80-	VAS INFORMED OF IN SECTION 1 ABOV NUMBER 003322 TARGET VALU 0.080 LOT # 11821 A 15-minu	THE IMPLIED CONS /E, and LOG OF TES SPECIALIST BOARD (E 080A2 tte (or greater)	DF T PERMIT NU 2302 DATE CYLI 07/1 depriva	ESTS UMBER 20 INDER INSTALL 19/202 Intion/obser	ED 1 vation				ES
POST REPAI BREATH-ALCOHOL ANA EQUIPMENT I - 8000 STANDARD DYY MANUFACTURER ILMO DESERVATION START 1015 RESULT TABLE	TEST DATE	THE PERSON V THE PERSON NAMED SERIAL 80 - 80 - MOUTHPIECE G	VAS INFORMED OF IN SECTION 1 ABOV NUMBER - 003322 TARGET VALU 0.080 LOT# 11821 A 15-minu period v	THE IMPLIED CONS /E, and LOG OF TES SPECIALIST BOARD (E 080A2	DF T PERMIT NU 2302 DATE CYLI 07/1 depriva	ESTS JMBER 20 INDER INSTALL 19/202 Ition/obser Ind continu	ED 1 vation				
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	0.00	10:45			
		10.15	BADGE # 000000484	PERMIT # 0000023020	BrAC g/210L
	AGENCY BOARD OF TEST:	S	0.00		
days or more, if you refuse (operating a CMV or CDL as a result of this arrest by You may be eligible to p revocation as a result of	ed or failed the state's test holder) OR a test result of filing a petition in the Dist articipate in the Impaired this arrest from appearing	 s). In addition, your co .04 or more while oper rict Court of the County I Driver Accountability on your driving rec 	mmercial driving privilege in this st ating a commercial motor vehicle. r in which you were arrested. Your y Program (IDAP) administered b cord. Participation in IDAP may r	Inse is revoked or denied for a period of one ate will be disqualified if you refused or failed You may appeal any Departmental action ag petition must be filed within thirty (30) days o y the Department of Public Safety (DPS). educe the amount of fees you will be requ nt of Public Safety at P.O. Box 11415, Okl	the state's lest(s) ainst your driver license f the date listed below. Completion of IDAP may prevent a ured to pay to the State. You must
SERVING OF NOTIC	E: I personally hand	delivered a copy of	the above containing the No	tice of Revocation and the Notice of	Department Impaired Driving

SIGNATURE OF OPERATOR

CHRISTOPHER

the Notice of Department Impaired Driving Accountability Program to the person named in Section 1 above.

Date served: 07/19/2021 Signature of officer:	Badge #:
	perjury under the laws of Oklahoma that the foregoing is true and correct."
Date: 07/19/2021 Place (location when signed):	Signature of arresting officer:
PAPE, CHRISTOPHER	BOARD OF TESTS
BADGE AGENCY ADDRESS 0000000484 INTER-AGENCY	ZIP CODE PHONE 00000 4054252460

10:43

10:43

10:44

10:44

10:45

10:45

NAME

PAPE,

OTHER WITNESSES:

Wait Air Blank

Subject Test

Air Blank

Cal Check

Air Blank

Breath Volume

0.00

0.00

0.00

0.07

0.00

2.097 LITERS

ADDRESS	PHONE
ADDRESS	PHONE

OFFICER/DPS COPY BOT Form AFF01 03/2020

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

12/16

ARREST DATE ARREST TIME 1000	COUNTY #	C	ITY#	C	CITATION	#		
ARREST LOCATION BOT		CITY				OK	LAHO	AMA
NORTH, GAYLON LEVERNE			OF BIRTH	961	SEX M	RACE	HEIGHT	100 001 001 10
ADDRESS 3600 MARTIN LUTHER KING A	OKLAHOMA C	ITY	· · · · · · · · · · · · · · · · · · ·		OK		ZIP CO	DE 133
DRIVER LICENSE # T083454871	EXPIRATION D		STATE OK	CLAS	S	RESTR	ICTIONS	ENDORSEMENT
MOCK MOCE			AG# MOCK			TATE OK	CMV N	PLACARD N

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

QUIPMENT		E PERSON NAMED	IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.	Section 2
T DOOO			NUMBER SPECIALIST	
I-8000		80-	003322 BOARD OF TESTS	
Dry			TARGET VALUÉ PERMIT NUMBER 0.080 23020	
IANUFACTURER				ATE CYLINDER EXPIRES
ILMO			11821080A2 07/19/2021	06/05/2023
1015 07	DATE 7/19/2021	MOUTHPIECE G	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing	
Test	g/210L	Time	to the time of test administration.	OF THE STATE
Air Blank Subject Test Breath Volume	0.00 0.00 2.035 LITERS	10:40 10:41	I administered said Breath-Alcohol Test in compliance with the applicable operating	
Air Blank Wait Air Blank	0.00	10:41 10:43 10:43	procedure of the Board of Tests.	
Subject Test Breath Volume Air Blank	0.00 2.097 LITERS 0.00	10:44	SIGNATURE OF OPERATOR	1907
Cal Check	0.07	10:45	NAME	Test Result
Air Blank	0.00	10:45	PAPE, CHRISTOPHER	BrAC g/210L
			BADGE # PERMIT # 0000023020	
			AGENCY	0.00
			BOARD OF TESTS	0.00
	S FROM DATE SERVED.	addition, your cor	tion is given that your driver's license is revoked or denied for a period of one humarcial driving privilege in this state will be disqualified if you refused or failed the disqualified of you refused on the disqualified of you refused of you refused on the disqualified of you refused of you refused on the disqualified on the disqualified of you refused on the disqualified on	indred eighty (180) Section 3
ys or more, if you refused or ierating a CMV or CDL holde a result of this arrest by filing u may be eligible to particl rocation as a result of this juest IDAP within thirty (30 ERVING OF NOTICE: 1 countability Program to	ar) OR a test result of .04 o g a petition in the District C ipate in the Impaired Driv arrest from appearing or)) days of the date listed I personally hand deliv o the person named in	or more while opera ourt of the County i ver Accountability a your driving reco below. Mail the re vered a copy of Section 1 abov		ist your driver license ne date listed below. ompletion of IDAP may prevent a ed to pay to the State. You must ioma City, OK 73136. epartment Impaired Driving
rs or more, if you refused or erating a CMV or CDL holde a result of this arrest by filing u may be eligible to partici ocation as a result of this usest IDAP within thirty (30 RVING OF NOTICE: I countability Program to te served: 07/15	ar) OR a test result of .04 o g a petition in the District C ipate in the Impaired Driv arrest from appearing or)) days of the date listed I personally hand deliv o the person named in 9/2021 Sign	rr more while opera loant of the County I er Accountability a your driving reco below. Mail the re vered a copy of Section 1 abov	n which you were arrested. Your petition must be filed within thirty (30) days of t Program (IDAP) administered by the Department of Public Safety (DPS). C ord. Participation in IDAP may reduce the amount of fees you will be require request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklaf the above containing the Notice of Revocation and the Notice of D e.	ist your driver license ne date listed below. ompletion of IDAP may prevent a ed to pay to the State. You must ioma City, OK 73136. epartment Impaired Driving Badge #:
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ys or more, if you refused or erating a CMV or CDL holde a result of this arrest by filing u may be eligible to partici- rocation as a result of this juest IDAP within thirty (30 ERVING OF NOTICE: 1 iccountability Program to the served: $07/19$ accordance with Title 1 te: $07/19/202$ ME	ar) OR a test result of .04 o g a petition in the District C ipate in the Impaired Driv arrest from appearing or o) days of the date listed I personally hand deliv o the person named in 9/2021 Sign 2 O.S. Section 426, "I	rr more while opera ount of the County i rer Accountability nyour driving recc below. Mail the re vered a copy of Section 1 abov nature of officer: state under per	n which you were arrested. Your petition must be filed within thirty (30) days of t Program (IDAP) administered by the Department of Public Safety (DPS). C request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklaf the above containing the Notice of Revocation and the Notice of D e. malty of perjury under the laws of Oklahoma that the foregoing is Signature of arresting officer:	ist your driver license ne date listed below. ompletion of IDAP may prevent a ed to pay to the State. You must ioma City, OK 73136. epartment Impaired Driving Badge #:

No Temporary License Issued: **Test Below Legal Limit**

ARRESTEE'S COPY BOT Form AFF02 03/2020

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	THINT STATE

BRT Form 6.0

CERTIFICATE

ABORATORIES, INC. AND HARRISBURG, PA 17111- 4511 • TELEPHONE: 717-564-5470

OF ANALYSIS

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.

09:42

09:43

09:43

09:44

09:45

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09:46

09:47

09:47

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09:51

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09:53

09:54

09:54

0.020

020

Certificate of Analysis - Wet Bath

ALPHA INSTRUMENT 2 IntoxIlyzer - Alcohol Analyzer Model 8000 5N 80-004923 08/11/2020 09:42

g/210L

0.000

0.020

0,000

0.020

0,000

0.020

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0.0004

2.3569

2020

20070

BOT Technician Name and Signatu

Lot Number

Test Air Blank

Cal Check

Air Blank

Std Deu

Cal Check Stats Average

Rel Std Deu(2)

line Certified Alcohol Reference Solution for Simulator

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 $34^{\circ}C$ +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.020 g/210L +/- 3%.

Operator's Signature

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

ank

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.

13/16

KCV /2020

Certificate of Analysis - Wet Bath	
7/22/2020 0.040 Date of Analysis Labeligd targe-yalue (g/2101)	
20060 0000	
christopher Report	ABORATORIES, INC. MEET • MARRISBURG, PA 17111- 4511 • TELEPHONE: 717-564-5470
BOT Technician Name and Signature	BRT Form 6.0

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

RCVD 6/1/20

Model 8000 07/22/2020	Alcohol Analyz	SN 80-003400 14:57
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 Deu	0.0005	
Rel Std Deu(%)	1,3342	

suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

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.

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

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

Utility Gale

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.

,100		
Labelled target value (g/210L)		X
	and the day of the	1
Argent test result (g/210L)		
CLA INT	BORATORIES.	INC.
	ET BRE Forth 6.0 RISE JRG, PA 17111- 4511	• TELEPHONE: 717-564-5470
	the second	
reference in maintenance of the intoxilyzer 8		
	0, Mointenance, the above referenced simul	Labelled target value (g/210L) .098 AGt-et test result (g/210L) BOP A TORIES, BRF Forth 5.0, 7(SF) JRG, PA 17111-4511 0, Mointenance, the above referenced simulator solution is

CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT Intoxilyzer - Alcohol Analyzer SN 80-002591 Certified Alcohol Reference Solution for Simulator Model 8000 06/16/2020 16:18

Test	g/210L	Tine
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	15:26
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	15:29
ir Blank	0.000	16:30
al Check	0.098	16:31
lir Blank	0.000	16:31
al Check Stats		
Average	0.0979	
Std Dev	0.0005	
Rel Std Deu(%)	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.

Operator 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	
ate of Analysis Lathlled (@t value (g/210L)	
20160 14200197	-mail fill and
ot Number	Aboratories, Inc.
Wisterher Page The Sto NORTH STR STR	
OT Technician Name and Signature	BRT Form 6.0

CERTIFICATE OF ANALYSIS

1702

Certified Alcohol Reference Solution for Simulator

odel 8000 1/07/2020		5N 80-0034 15:
st	g/210L	Tin
r Blank	0.000	15:2
1 Check	0,195	15:2
r Blank	0.000	15:2
1 Check	0.196	15:2
r Blank	0.000	15;2
1 Check	0.197	15:2
r Blank	0.000	15:25
1 Check	D. 196	15:3
r Blank	0.000	15:31
1 Check	D. 198	15:3
r Blank	8.000	15:32
1 Check	0.198	15:33
r Blank	0.000	15:33
1 Check	0.197	15:34
r Blank	0.000 .	15:35
1 Check	0.198	15:35
r Blank	0.000	15:36
1 Check	0.198	15:37
r Blank	0.000	15:37
1 Check	0,197	15:38
r Blank	0,000	15:38
1 Check Stats		
verage ,	0.1971	
td Dev	0.0008	
el Std Deu(2)	0,4442	8 I.

PHR UNIT SU

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 $34^{\circ}C$ +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.200 g/210L +/- 3%.

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

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.