

Dr. Jarrad Wagner, Ph.D. F-ABFT Chairman Post Office Box 36307 Oklahoma City, Oklahoma 73136-2307 Phone: (405) 425-2460 Fax: (405) 425-2490 www.bot.ok.gov

Joshua Smith Director

ATTESTATION

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

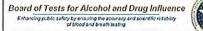
1) The attached "Service Overview" is a true and accurate copy of maintenance performed on the Intoxilyzer 8000, serial number 80-003323, in compliance with the agency's Maintenance Policy and Procedures.

Signed

Name of Position: Director/Records Custodian

Date of Attestation: 09/30/2022







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

BENCH CHECK DATE: 09/30/2022

SERIAL: 80-003323

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Maintenance, Calibration and Operation
- Bench Check
- BOT Dry Gas Certificate of Analysis
- Ilmo Specialty Gases Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis on Certified Solutions (4)
- Guth Laboratories Certificate of Analysis (4)



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

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. <u>80-003323</u> on <u>09/30/2022</u> 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.: <u>15922080A3-010</u>
 - BOT analysis average test result: 0.080
 - Cylinder expiration date: 08/05/2024
- 3. In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

| Simulator Model | | | |
|--------------------------|-----------|---------------------------------------|-----------|
| Guth 2100 | Guth 2100 | Guth 2100 | Guth 2100 |
| Serial # | | | |
| DR2834 | DR3694 | DR2455 | DR3470 |
| Concentration | | | |
| .02 | .04 | .10 | .20 |
| LOT # | | | |
| 21340 | 21070 | 22080 | 22050 |
| Manufactured Date | | | |
| 8/24/2021 | 3/1/2021 | 3/7/2022 | 2/7/2022 |
| Expiration Date | | • • • • • • • • • • • • • • • • • • • | |
| 8/24/2023 | 3/1/2023 | 3/7/2022 | 2/7/2024 |
| Solution Commission Date | | | |
| 9/23/2022 | 9/23/2022 | 9/23/2022 | 9/23/2022 |

Completed by BOT Personnel: **Christopher Pape** Signature/Name Certified) Joshua Smith Signature Name

Breath-Alcohol Testing Program Administrator Title

State Director

Title

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

| CH CHECK DATE 9/30/2022 | TIME PROCEDURE BEGAN | | STRUMENT LOCATION | 3 | |
|----------------------------|----------------------|----------------|-------------------|---------------|-----------------|
| RUMENT TYPE ntoxilyzer | INSTRUMENT | | | INSTRUMENT SE | |
| Itoxiiyzei | 1-80 | TEST RES | SULTS | 80-00 | 5525 |
| | | | | | |
| Diagnosti | cs | 90 C | | | |
| PASS | | | | | |
| Mouth Alcoho PASS | ol Test | | | | |
| RFI Test | t | | | | |
| PASS | | | | | |
| Abort Tes | et | Dup | licate Breath | Sampling Re | sults |
| PASS | 51 | Value | Test 1 | Test 2 | Control Test |
| Improper Samp | ole Test | | | | 1.001.00.000 |
| PASS | | .02 | 0.020 | 0.018 | 0.020 |
| Interferent Dete | ect Test | .04 | 0.040 | 0.040 | 0.041 |
| PASS | | .10 | 0.101 | 0.102 | 0.102 |
| No Sample Give | en Test | | | | |
| PASS | | .20 | 0.196 | 0.197 | 0.201 |
| Insufficient Sam PASS | ple Test | | PA | SS | |
| Air Blank Contamir PASS | nation Test | | | | |
| Range Exceede PASS | ed Test | | | | |
| | | | | | |
| | | | | | |
| | | CERTIFYING TI | ECHNICIAN | | |
| swear under penalty | | | | | |
| he Intoxliyzer Bench | h Checking Procedu | are approved b | by the State o | f Oklahoma. | |
| TURE | | | | DATE | |
| 1114 | 12 | _ | | 0 | 1- 1 |
| In the | 100 | | | 9 | 30/200 |
| - The | | | | | - / |
| | | | | PERMIT # | |

CMI Form OKBE1 01/2019



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 INSTRU | JMI | ENT | | | |
|--------------|-----|---------|----------|-----------|--|
| Intoxilyzer | - | Alcohol | Analyzer | | |
| Model 8000 | | | SN | 80-002591 | |
| 08/11/2022 | | | | 14:39 | |

| Test | g/210L | Time |
|-----------------|---------|-------|
| Air Blank | 0.000 | 14:39 |
| Cal Check | 0.080 | 14:39 |
| Air Blank | 0.000 | 14:40 |
| Cal Check | 0.080 | 14:40 |
| Air Blank | 0.000 | 14:41 |
| Cal Check | 0.080 | 14:41 |
| Air Blank | 0.000 | 14:42 |
| Cal Check | 0.081 | 14:42 |
| Air Blank | 0.000 | 14:43 |
| Cal Check | 0.081 | 14:43 |
| Air Blank | 0.000 | 14:43 |
| Cal Check | 0.080 | 14:44 |
| Air Blank | 0.000 | 14:44 |
| Cal Check | 0.080 . | 14:45 |
| Air Blank | 0.000 | 14:45 |
| Cal Check | 0.081 | 14:45 |
| Air Blank | 0.000 | 14:46 |
| Cal Check | 0.081 | 14:46 |
| Air Blank | 0.000 | 14:47 |
| Cal Check | 0.080 | 14:47 |
| Air Blank | 0.000 | 14:48 |
| Cal Check Stats | | |
| Average | 0.0804 | |
| Std Dev | 0.0005 | |
| Rel Std Dev(%) | 0.6422 | |

| | Alcohol Equivalent (g/210L) Ratio of Nitrogen and 0.08 g/210L = 208 PPM ÷ 2605* | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Manufacturer: ILMO | Manufacturer Cert. No.: 14879 | Cylinder Size: 105L | | |
| Lot No.: 15922080A3 | Cylinder No.: 010 | Expiration Date: 08/05/2024 | | |
| calibrating unit in accordance with 47 O.S. testers published by the U.S. Department o Anal. Toxicol. (1996) 20(6): pp.484-491. [c | 759, 40 OAC 25-1-3, and appears on the current confo f Transportation in the Federal Register [77 FR 64588 | reference standard meets the requirements for use as a orming products list of calibrating units for breath alcohol et seq]. * See Dubowski, K.M. and Essary N., <i>Journal of</i> | | |
| Signature | Date: 08/11/ | /2022 | | |
| Name Christopher Pape | Permit No.: 230 | Permit No.: 23020 | | |



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

Certificate of Analysis

| Certificate ID: | 14879 |
|-----------------|-------------|
| Part #: | BAC105L080T |
| Cylinder Size: | 105L |
| Lot Number: | 15922080A3 |
| Expiration: | 8/5/2024 🗸 |
| | |

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

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

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

Distributed by:

area to exceed 52 °C (125 °F).

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

Store in dry area, away from sources of heat,

ignition and direct sunlight. Do not allow storage

RCVD 7/29/2022 CP

*Traceable to: NIST Research Gas Mixture - 212.6 µmol/mol Ethanol in Nitrogen - Serial No. SA15944

7-19-2022

Issuance Date



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. 6/17

ISO/IEC 17025:2017 Accredited Laboratory

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

7/17

| | | | - | | | | | | Section |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------|-----------------|----------|------------|-----------|------------|--------------|--------------|
| ARREST DATE 09/30/2022 | ARREST TIME | | COUNTY # | CI | TY # | CITA | TION # | | |
| ARREST LOCATION BOT | | | C | ITY | | | COUR OI | NTY KLAHO | OMA |
| SUBJECT NAME BREATHTEST, DE | LTA | | | | /01/198 | | SEX M | HEIGH | |
| ADDRESS 3600 MLK | | OKLAH | OMA CIT | Y | | STAT | | ZIP CO 73 | DE 111 |
| DRIVER LICENSE # B083463042 | | | 10/31/2 | 022 | | LASS D | REST | RICTIONS | ENDORSEMENT |
| VEHICLE MAKE MOCK | MODEL | | | 1.22.2 | G# MOCK | | STATE | CMV N | PLACARD N |
| On the above date, time, and location, the a highway, street, turnpike, public parking lot, influence of alcohol and/or other intoxicating (Describe driving behavior or circumstances, MOCK SUBJECT TEST | or other public place, or upon a private roa substances as prohibited by law.): | | | | | | | | |
| Describe person's condition (odor, actions, e | elc.): | A | | | | | | | |
| POST REPAIR MAINT | ENANCE, INSTALLED | NEW CYLIN | DER | | | | | | |
| | THE DEBCON WAS | DEOBLIES OF THE | MINI IPD COVERN | TTPET DI | OUPET | | | | |

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUE

| EQUIPMENT | | enter of the | NUMBER -003323 | SPECIALIST BOARD | OF TESTS | |
|------------------------------|------------------------|--------------|-------------------------------------------|---------------------|------------------------------------------------|---------------------------------------|
| STANDARD | | | TARGET VALU | Ē | PERMIT NUMBER | |
| Dry | | | 0.080 | | 23020 | |
| MANUFACTURER | | | LOT # | 5.25 C.S. ac | DATE CYLINDER INSTALLED | DATE CYLINDER EXPIRES |
| ILMO | | | 15922 | 080A3 | 09/30/2022 | 08/05/2024 |
| 1230 | EST DATE 09/30/2022 | | | | r) deprivation/observation | |
| RESULT TABLE Test | g/210L | Time | | | prior to and continuing est administration. | OF THE STATE |
| Air Blank | 0.00 | 12:48 | I administ | ered said | Breath-Alcohol Test in | A A A A A A A A A A A A A A A A A A A |
| Subject Test Breath Volum | 0.00 e 2.089 LITERS | 12:49 | | | e applicable operating | |
| Air Blank | 0.00 | 12:49 | proce | edure of the | ne Board of Tests. | H ++ 0 |
| Wait | | 12:51 | 1/1 | 4 | 11 - | F3 * * * * * |
| Air Blank | 0.00 | 12:51 | | 121 | | ***** |
| Subject Test Breath Volum | 0.00 e 2.222 LITERS | 12:52 | SIGNATURE OF | OPERATOR | | 1907 |
| Air Blank | 0.00 | 12:52 | | V | | |
| Cal Check | 0.08 | 12:53 | NAME | DTOMODU | | Test Result |
| Air Blank 0.00 12:53 | | 12:53 | PAPE, CH BADGE # 00000000 AGENCY | RISTOPH | BrAC g/210L | |
| | | | | F TESTS | | 0.00 |

days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below. You may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS). Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of fees you will be required to pay to the State. You must request IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136.

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

| Date served: | Signature of officer: |
|--------------|-----------------------|
| Bate contour | |

Section 4 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."

Badge #:

| Date: Place (location when si | gned): | Signature of a | rresting officer: |
|-----------------------------------|--------|----------------|-------------------------------|
| PAPE, CHRISTOPHER | | BOARD OF TEST | rs |
| BADGE AGENCY ADDRESS INTER-AGENCY | | | CODE PHONE 0000 4054252460 |
| OTHER WITNESSES: | | | Section 5 |
| NAME 1 | TITLE | ADDRESS | PHONE |
| NAME 2 | TITLE | ADDRESS | PHONE |

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

8/17

| ARREST DATE | ARREST TIM | 1E | | COUNTY # | | CITY # | CITAT | ION # | _ | | Sectio |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|-----------|
| 09/30/2022 | 1215 | | | 55 | low | · · · · · · · · · · · · · · · · · · · | | loour | TV | | |
| BOT | | | | | CITY | OF DISSU | | | LAHC | | 0117 |
| JBJECT NAME BREATHTEST , | DELTA | | | | | E OF BIRTH | 85 | ex M | HEIGHT |) 2 | GHT 00 |
| BORESS | | | OKLAH | IOMA C | ITY | | STATE | | ZIP COD 731 | | |
| RIVER LICENSE # | | | E | 10/31 | TE | | D | | RICTIONS | ENDORS | SEMEN |
| HICLE MAKE | In | ODEL | | 10/51/ | | TAG # | D | STATE | CMV | PLACAR | D |
| MOCK | | MOCK | | | | MOCK | | OK | N | N | |
| | TEST | | ao, street, alley or lane | which provides a | access to on | e or more single or n | nulu-ramily | aweiling within | this state w | nile unde | the |
| | , actions, etc.): AINTENANCE, INS | TALLED | NEW CVI.TN | DEP | | | | | | | |
| ODI REFAIR M | AINIENANCE, INS | TADDED | NEW CITIN | DER | | | | | | | |
| | тн | E PERSON WAS | INFORMED OF THE | IMPLIED CONS | SENT TEST | REQUEST | | | | | |
| | RECORD, REPORT OF THE PERS | | | | T AND MAI | NTENANCE RECOR | D. | | | S | ection |
| DUIPMENT $I = 8000$ | | SERIAL NU | | ECIALIST | OF TI | STS | | | | | |
| ANDARD | | 100-0 | TARGET VALUE | | PERMITNU | | | - | - | | |
| Dry | | | 0.080 | | 2302 | | | | | | |
| NUFACTURER | | | LOT # | | DATE CYLIN | DER INSTALLED | | DATE CYLIND | | | |
| LMO | | | 1592208 | 30A3 | 09/3 | 0/2022 | | 08/05 | 5/202 | 24 | |
| SERVATION START TEST | | | A 15-minute (| or greater) | deprivat | ion/observatic | on | | | | |
| | /30/2022 | | | | | nd continuing | | | - | - | |
| SULT TABLE | | 12.5 | | time of test | | • | < 1 b | 6 | THE S | TATE | |
| lest | g/210L | Time | to the | time of test | admini | stration. | - | 04 | ***A* | ** | 10 |
| | | | I administora | d sold De | anth A | laahal Taat | in . | 2/* | **/# | + * | 10 |
| Air Blank | | | l administere | | | | 100 F | N/SC | WAR HA | A.E. | > 12 |
| ubject Test | | 12:49 | compliance | with the a | applica | ble operatin | ıg | L ** | | 1% | * 5 |
| Breath Volume | 2.089 LITERS 0.00 | 12:49 | procedu | re of the | Board | of Tests | | 4 ** | * | ** | |
| ait | | 12:49 | proceed | | Joura | 01 1 00:01 | | PH * | 1 | き"* | 12 |
| ir Blank | | 12:51 | 1601 | 0/11 | - | | - 14 | 10/ | + + + + + | * | 1 |
| ubject Test | | 2:52 | and le | | | | _ | | 1007 | | / |
| Breath Volume | 2.222 LITERS | | SIGNATURE OF OP | ERATOR | | | | | 1001 | | |
| ir Blank | | 12:52 | ME | | | | | - | | _ | |
| al Check | | 2:53 | | GTODUED | | | | | Test Re | | |
| ir Blank | 0.00 | | APE, CHRI | STOPHER | ERMIT # | | - | B | rAC g/ | 210L | |
| | | 0 | 00000048 | | | 023020 | | | 0.0 | 100 | |
| | | | BOARD OF | TESTS | | | _ | | | | _ |
| s or more, if you refused or la 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 uest IDAP within thirty (30 RVING OF NOTICE: 1 | S FROM DATE SERVED. Notice iailed the state's test(s). In additic r) OR a test result of .04 or more to a petition in the District Court of to pate in the Impaired Driver Acco arrest from appearing on your do days of the date listed below. personally hand delivered a | n, your commo while operating he County in w puntability Pro riving record. Mail the requ t copy of the | ercial driving privilege a commercial motor hich you were arreste ogram (IDAP) admini Participation in IDA est for IDAP to the D | in this state will vehicle. You m ed. Your petitio istered by the AP may reduce Department of | l be disqua ay appeal n must be Departmen the amou Public Saf | lified if you refused any Departmental a filed within thirty (30 at of Public Safety at of fees you will ety at P.O. Box 11 | or failed f action aga)) days of (DPS). (I be requi 415, Okla | the state's test inst your drive the date listed Completion of ired to pay to shoma City, O | t(s) er license d below. f IDAP may the State. PK 73136. | y preven You mu | st |
| countability Program to | the person named in Section | n 1 above. | | | | | | | | | |
| e served: | Signature | of officer: | | _ | | | | Badge #: | | - | |
| ccordance with Title 12 | 2 O.S. Section 426, "I state | under penal | ty of perjury und | ler the laws | of Oklaho | ma that the fore | egoing is | s true and c | orrect." | Se | ection |
| e: | Place (location when sig | ned): | | | Signatur | e of arresting o | fficer: | | | | |
| APE, CHRI | STOPHER | | | BOARD | - Con - Co | ESTS | | | | | |
| GE | AGENCY ADDRESS | | | | | ZIP CODE | PHONE | | | | |
| 000000484 | INTER-AGENCY | | | | | 00000 | 40 | 542524 | 460 | | |



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 09/23/2022 09:37 Test g/210L Time Air Blank 0.000 09:37 Cal Check 0.019 09:39 Cal Check 0.019 09:39 Air Blank 0.000 09:40 Cal Check 0.019 09:39 Air Blank 0.000 09:41 Air Blank 0.000 09:41 Air Blank 0.000 09:41

| Air Blank | 0.000 | 09:37 |
|-----------------|--------|-------|
| Cal Check | 0.019 | 09:38 |
| Air Blank | 0.000 | 09:39 |
| Cal Check | 0.019 | 09:39 |
| Air Blank | 0.000 | 09:40 |
| Cal Check | 0.019 | 09:41 |
| Air Blank | 0.000 | 09:41 |
| Cal Check | 0.019 | 09:42 |
| Air Blank | 0.000 | 09:42 |
| Cal Check | 0.019 | 09:43 |
| Air Blank | 0.000 | 09:44 |
| Cal Check | 0.019 | 09:44 |
| Air Blank | 0.000 | 09:45 |
| Cal Check | 0.019 | 09:46 |
| Air Blank | 0.000 | 09:46 |
| Cal Check | 0.019 | 09:47 |
| Air Blank | 0.000 | 09:47 |
| Cal Check | 0.019 | 09:48 |
| Air Blank | 0.000 | 09:49 |
| Cal Check | 0.019 | 09:49 |
| Air Blank | 0.000 | 09:50 |
| Cal Check Stats | | |
| Average | 0.0190 | |
| Std Dev | 0.0000 | |
| Rel Std Dev(%) | 0.0000 | |
| | | |

| Manufacturer: Guth | Manufactured Date: 8/24/2021 | Concentration: 0.02 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Lot No.: 21340 | Expiration Date: 8/24/2023 | Equipment Model: Guth 2100 |
| prescribed by the State Director of Tests to 40 OAC 25-1-2.1. Approved breath-al Conforming Products List of Calibrating | via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and v pursuant to 40 OAC 30-1-3. The above NIST traceable re- cohol measurement equipment and reference solutions. Eq Units for Breath Alcohol Testers (72 FR 34747), published b | erence solution meets the requirements for use pursuan upment used appears on the current or supplemented |
| Signature | Date: 9/23/20 | |
| Name Christopher Pape | Permit No.: 2302 | 20 |

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STATE OF OKLAHOMA

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

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

Joshua Smith Director

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Certificate of Analysis – Reference Solution

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| Intoxilyzer - A | lcohol Analy: | |
|-----------------|---------------|--------------|
| Model 8000 | | SN 80-004923 |
| 03/08/2022 | | . 11:53 |
| Test | g/210L | Time |
| Air Blank | 0.000 - | 11:53 |
| Cal Check | 0.041 | 11:54 |
| Air Blank | 0.000 | 11:54 |
| Cal Check | 0.041 | 11:55 |
| Air Blank | 0.000 | 11:56 |
| Cal Check | 0.042 | 11:56 |
| Air Blank | 0.000 | 11:57 |
| Cal Check | 0.042 | 11:58 |
| Air Blank | 0.000 | 11:58 |
| Cal Check | 0.042 | 11:59 |
| Air Blank | 0.000 | 11:59 |
| Cal Check | 0.041 | 12:00 |
| Air Blank | 0.000 | 12:01 |
| Cal Check | 0.041 | 12:01 |
| Air Blank | 0.000 | 12:02 |
| Cal Check | 0.041 | 12:02 |
| Air Blank | 0.000 | 12:03 |
| Cal Check | 0.041 | 12:04 |
| Air Blank | 0.000 | 12:04 |
| Cal Check | 0.042 | 12:05 |
| Air Blank | 0.000 | 12:05 |
| Cal Check Stats | | |
| Average . | 0.0414 | |
| Std Dev | 0.0005 | |
| Rel Std Dev(%) | 1.2473 | |

| NIST Traceable Breath-Alc | ohol Equivalent (g/210L +/- 3%) Ratio of ethanol and w | ater free of test interfering substances. |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Manufacturer: Guth | Manufactured Date: 03/01/2021 | Concentration: 0.04 |
| Lot No.: 21070 | Expiration Date: 03/01/2023 | Equipment Model: Guth 2100 |
| to 40 OAC 25-1-2.1. Approved breath-alcoh | Infrared Spectroscopy utilizing the Intoxilyzer 8000 and wa ursuant to 40 OAC 30-1-3. The above NIST traceable refe nol measurement equipment and reference solutions. Equi its for Breath Alcohol Testers (72 FR 34747), published by Date: | rence solution meets the requirements for use pursuant pment used appears on the current or supplemented the National Highway Traffic Safety Administration. |
| Man 10 | 03/08/20 | |
| Name Christopher Pape | Permit No.: 2302 | 0 |



STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE Post Office Box 36307 ., F-ABFT 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

| | | sis – Referer | ice Solution |
|----------------|---------|---------------|--------------|
| ALPHA INSTRUME | INT | | |
| Intoxilyzer - | Alcohol | Analyzer | 1000 |
| Model 8000 | | SN | 80-002591 |
| 06/27/2022 | | | 11:40 |
| | | | |

| Test | g/210L | Time |
|-----------------|--------|--------|
| Air Blank | 0.000 | 11:40 |
| Cal Check | 0.100 | 11:41 |
| Air Blank | 0.000 | 11:41 |
| Cal Check | 0.100 | 11:42 |
| Air Blank | 0.000 | 11:43. |
| Cal Check | 0.100 | 11:43 |
| Air Blank | 0.000 | 11:44 |
| Cal Check | 0.100 | 11:45 |
| Air Blank | 0.000 | 11:45 |
| Cal Check | 0.100 | 11:46 |
| Air Blank | 0.000 | 11:47 |
| Cal Check | 0.101 | 11:47 |
| Air Blank | 0.000 | 11:48 |
| Cal Check | 0.101 | 11:49 |
| Air Blank | 0.000 | 11:49 |
| Cal Check | 0.101 | 11:50 |
| Air Blank | 0.000 | 11:50 |
| Cal Check | 0.100 | 11:51 |
| Air Blank | 0.000 | 11:52 |
| Cal Check | 0.100 | 11:52 |
| Air Blank | 0.000 | 11:53 |
| Cal Check Stats | | |
| Average | 0.1003 | |
| Std Dev | 0.0004 | |
| Rel Std Dev(%) | 0.4815 | |

| NIST Traceable Breath- | Alcohol Equivalent (g/210L +/- 3%) | Ratio of ethanol and wate | er free of test interfering substances. |
|---------------------------------------|------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Manufacturer: Guth | Manufactured Date: 0 | 3/07/2022 | Concentration: 0.10 |
| Lot No.: 22080 | Expiration Date: 03/ | 07/2024 | Equipment Model: Guth 2100 |
| to 40 OAC 25-1-2.1. Approved breath-a | s pursuant to 40 OAC 30-1-3. The a lcohol measurement equipment and | bove NIST traceable reference solutions. Equipre | performed in accordance with the procedures nce solution meets the requirements for use pursuant nent used appears on the current or supplemented le National Highway Traffic Safety Administration. |
| Signature Christopher Pape | ice | Date: 06/27/202 | 22 |
| Name Christopher Pape | | Permit No.: 23020 | |



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

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| Certificate of Analys | sis – Reference Solution |
|-----------------------|--------------------------|
| ALPHA INSTRUMENT | |
| Intoxilyzer - Alcohol | Analyzer |
| Model 8000 | SN 80-002591 |
| 06/27/2022 | 11:11 |

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:11 |
| Cal Check | 0.199 | 11:12 |
| Air Blank | 0.000 | 11:12 |
| Cal Check | 0.200 | 11:13 |
| Air Blank | 0.000 | 11:14 |
| Cal Check | 0.200 | 11:14 |
| Air Blank | 0.000 | 11:15 |
| Cal Check | 0.200 | 11:16 |
| Air Blank | 0.000 | 11:16 |
| Cal Check | 0.201 | 11:17 |
| Air Blank | 0.000 | 11:17 |
| Cal Check | 0.200 | 11:18 |
| Air Blank | 0.000 | 11:19 |
| Cal Check | 0.201 | 11:19 |
| Air Blank | 0.000 | 11:20 |
| Cal Check | 0.200 | 11:21 |
| Air Blank | 0.000 | 11:21 |
| Cal Check | 0.200 | 11:22 |
| Air Blank | 0.000 | 11:23 |
| Cal Check | 0.201 | 11:23 |
| Air Blank | 0.000 | 11:24 |
| Cal Check Stats | | |
| Average | 0.2002 | |
| Std Dev | 0.0006 | |
| Rel Std Dev(%) | 0.3159 | |

| Manufacturer: Guth | Manufactured Date: 02/07/2022 | Concentration: 0.20 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Lot No.: 22050 | Expiration Date: 02/07/2024 | Equipment Model: Guth 2100 |
| prescribed by the State Director of Tests pursual to 40 OAC 25-1-2.1. Approved breath-alcohol me Conforming Products List of Calibrating Units for | ed Spectroscopy utilizing the Intoxilyzer 8000 and wa nt to 40 OAC 30-1-3. The above NIST traceable refe easurement equipment and reference solutions. Equi Breath Alcohol Testers (72 FR 34747), published by | rence solution meets the requirements for use pursuan |
| Signature | Date: 06/27/20 | 22 |
| Name Christopher Pape | Permit No.: 2302 | 0 |



CERTIFICATE OF ANALYSIS

RCVD 5/9/2022

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 25, 2021, 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 August 24, 2023 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%.

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 FN05122004 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

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21070 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 2, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0488% (w/vol) ethyl alcohol. The expiration date for this lot number is March 1, 2023 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.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08211802 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.

8/26/21

KUVV 5/9/2022



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2024 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 0.100 g/210L +/- 3%.

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

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Testing was conducted using Cerilliant Reference Standard lot number FN03052002 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.

:CVV 5/9/2022



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 9, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.2437% (w/vol) cthyl alcohol. The expiration date for this lot number is February 7, 2024 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 FN06231703 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 | | <u>Unit Serial #</u> | | Date:17/17 |
|-----------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Payne Co | | 80-003323 | | 8/19/22 |
| Inventory Process Unit checked in to BOT New Unit Checked out | Unlink Gas Canister from U Remove old cylinder from | Old Cylinder #: Jnit Old cylinder dispo unit (After Lab Evaluation) | sed in inventory | d |
| Check in Procedure | | Notes from the Fie | l <u>d</u> | |
| Connect unit to ethernet con | nnection 172.019.004. <u> 40</u> | Routine Swap | Issues in the Fie | ld |
| Download any stored record | 0 | | Deputy. Unit will not PO | ST. |
| Change unit location to Seria | | one stought in sy t | sepury. One will not to | 51. |
| Update Unit Date and time | | | | |
| Previous time: $\frac{q}{23}$ | 122 13/4 | | | |
| / New Time: Time | OK | | | 6-0 |
| Execute a new Forms load on | the unit | ÷ . | 14 | · |
| Lab Evaluation | 1 | | / | |
| Breath Hose Hold Vacuum?: | / Test Chan | nber Hold Vacuum?: | · · · | |
| DVM | | | | |
| зит 12664 | Chamber Temp 47,00 | Snap Test of | 182 | |
| 9μm <u>13375</u> | Breath Hose Temp 45 | RFI Detecte | | |
| Peripheral Tests | | | | 4 |
| Speaker (F5) | Power LED Green (F6) | Red (F7) Fa | n (F9) | |
| Gas Regulator (F11) | Pump (F10) | Receipt paper | , <u> </u> | |
| Atmospheric Sensor | | Flow Sensor | Tank Sensor | Is regulator close to |
| Pressure 977 | Correction Factor 1. 03 | B Resistance 18/ | Value 4AB | Tank Sensor Value? |
| Sent to CMI (If needed) Date Sent Invoice Sent Date Returned | Reason Sent | | 6 | |
| Repairs needed: | | Repairs Made: | | |
| | | Replaced | data Flass | hes |
| | | ricplice | (4) | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | ÷. | | |
| | | | | 1 |
| | 50 | Ready for Bench Che | 42 | |
| nventory Process | Bench Check Techniciar | | plete if unit sent to CM | 1 |
| Linked Cylinder to Unit | □ Mock Subject Test Com | pleted CMI W | orkorder | |
| Changed Unit Status Bench Check Report Completed | Certificate of Calibration | | ertificate of Calibration _ ervice Evaluation Form | |
| | | BOT Internal Use Only | | loxilyzer Check-in sheet Version 2.0 |