



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

Post Office Box 36307

Oklahoma City, Oklahoma 73136-2307

Phone: (405) 425-2460 Fax: (405) 425-2490

www.bot.ok.gov

Dr. Kenneth E. Blick, Ph.D.
Chairman

Kevin Behrens
State Director

Date: 06/27/2014

As of this date, Intoxilyzer 8000 instrument serial no. 80-003365 has been decommissioned and will be used for educational and training purposes.

Joshua C. Smith
Intoxilyzer Technician / Instructor
Board of Tests for Alcohol and Drug Influence
Phone (405) 425-2460
Fax (405) 425-2490

jsmith@dps.state.ok.us

Certificate of Calibration

Intoxilyzer® 8000

This is to certify that the calibration of **Intoxilyzer**® serial number 80-003365, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to be in compliance with the 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 R126 Edition 1998 (E). Calibration solutions are traceable to NIST standard material 1828.

Date April 11, 2012

Signed Dh. Rohner
Technician

EMI INC.

316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650519 CMI 7/9/09

**STATE OF OKLAHOMA - DEPARTMENT OF PUBLIC SAFETY
CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT**

BENCH CHECK DATE 05/23/2012	TIME PROCEDURE BEGAN 10:14	INSTRUMENT LOCATION COMANCHE CO
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-003365

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	0.016	0.015	0.016
.04	0.042	0.039	0.041
.10	0.104	0.099	0.103
.20	0.200	0.193	0.201

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 5/23/12
NAME JOHNSON, JOE P	PERMIT # 0000000002

COMANCHE CO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-003365
05/23/2012 10:52

Citation No =
Sub Name =
BENCH CHECK,
BENCH CHECK,
BENCH CHECK,
Sub DOB = 02/02/1902
Sub Sex = F
Driv Lic = BENCH CHECK 12345/OK
Officer = JOHNSON, JOE, P
Officer Badge = 0000000000
Officer Agency = BOARD OF TESTS

Test	g/210L	Time
Air Blank	0.00	10:53
Subject Test	0.10*	10:54
Breath Volume	1.160 LITERS	
Air Blank	0.00	10:54
Wait		10:56
Air Blank	0.00	10:56
Subject Test	0.00*	10:57
Breath Volume	1.269 LITERS	
Air Blank	0.00	10:58

*No .030 agreement

Time First Observed: _____

Operator's Signature

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE 05/23/2012		ARREST TIME 1100		COUNTY # 16	CITY #	CITATION # 12345		
ARREST LOCATION BENCH CHECK					CITY	COUNTY COMANCHE		
SUBJECT NAME BENCH CHECK, BENCH CHECK BENCH CHEC				DATE OF BIRTH 02/02/1902	SEX F	RACE U	HEIGHT 202	WEIGHT 202
ADDRESS BENCH CHECK				CITY BENCH CHECK		STATE OK	ZIP CODE 12345	
DRIVER LICENSE # BENCH CHECK 12345			EXPIRATION DATE 05/23/2012	STATE OK	CLASS D	RESTRICTIONS	ENDORSEMENTS	
VEHICLE MAKE BENCH CHECK			MODEL BENCHCHECK	TAG # BENCHCHECK	STATE OK	CMV N	PLACARD N	

On the above date, time, and location, the above named person was arrested in accordance with Title 47 Section 751A.
(Describe driving behavior or circumstances):

BENCH CHECK

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

BENCH CHECK

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 80-003365	SPECIALIST BOT																																					
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 2																																					
MANUFACTURER ILMO		LOT # 07212080A1	DATE CYLINDER INSTALLED 05/23/2012	DATE CYLINDER EXPIRES 05/01/2014																																				
OBSERVATION START 1040	TEST DATE 05/23/2012	MOUTHPIECE G	<p style="text-align: center;">A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p style="text-align: center;">I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;">SIGNATURE OF OPERATOR _____</p>																																					
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EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. To appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an Administrative Hearing **within fifteen (15) days from the date you received notice of revocation or disqualification.** Submit your **written** request in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK, 73136

Section 3

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

Date served: 05/23/2012 Signature of officer: _____ Badge #: _____

In accordance with Title 12 O.S. Section 426, "I state under **penalty of perjury** under the laws of Oklahoma that the foregoing is true and correct." Section 4

Date: 05/23/2012 Place (location when signed): _____ Signature of arresting officer: _____

NAME JOHNSON, JOE P		AGENCY BOARD OF TESTS		
BADGE 0000000000	AGENCY ADDRESS P.O. BOX 36307, OKLAHOMA CITY	ZIP CODE 73136	PHONE (405) 425-2460	

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

No Temporary License Issued:
Test Below Legal Limit

OFFICER/DPS COPY
BOT Form AFF01 07/2008

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No Temporary License Issued:
Test Below Legal Limit

ARRESTEE'S COPY
BOT Form AFF02 07/2008



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: 3000
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 07212080A1
Expiration: 5/1/2014

0.080 BAC (For use with breath alcohol testing instruments)

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

Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*NIST Standard Reference Material
Certification of NTRM Batch No. 091602
Nominal 210 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL


Specialty Gas Lab Tech

04-20-12
Date

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





7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62650
 217-245-2183 • 888-243-9353 • www.ilmospecgas.com

MATERIAL SAFETY DATA SHEET

This Material Safety Data Sheet (MSDS) complies with the requirements of OSHA's Hazard Communication Standard.

NON-FLAMMABLE GAS MIXTURE

SECTION 1 - PRODUCT IDENTIFICATION

Product Name/ Class	Non-Flammable Gas mixture
Product Number	BAC DSP 0001
Manufacturer	ILMO Products, 7 Eastgate Drive, Jacksonville, IL 62651

SECTION 2 - HAZARDOUS INGREDIENTS

Ingredients	CAS Number	Percent	Exposure Limits	
			TLV	PEL
Ethanol	64-17-5	<14.8 (1-500 ppm)	1000, A4 (Not Classifiable as a human carcinogen)	TWA = 500
Nitrogen	7727-37-9	Balance	Simple Asphyxiant	

NE= Not Established

SECTION 3 - PHYSICAL CHARACTERISTICS

Boiling Point -320.4° F; -195.8° C	Specific Gravity (air =1): 0.967	Solubility in Water: 1.49% (v/v)
Vapor Pressure (psia): N/A	Melting/Freezing Point -210° C; -345.8° F	% Volatile: N/A
Vapor Density: 1.145 kg/m³	Evaporation Rate (Butyl Acetate =1) N/A	Appearance and Odor: Colorless gas with an alcohol odor.

SECTION 4 - FIRE and EXPLOSION HAZARD DATA

Flash Point (Method Used): N/A	Flammable Limits:	LEL: N/A UEL: N/A
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Extinguishing Media: Non-flammable. Use extinguishing media appropriate for surrounding fire.

Special Fire Fighting Procedures: Structural fire-fighters must wear Self Contained Breathing Apparatus and full protective equipment.

Unusual Fire and Explosion Hazards: This product does not burn; however, containers, when involved in fire, may rupture or burst in the heat of the fire.

Explosion Sensitivity to Mechanical Impact: Not Sensitive.

Explosion Sensitivity to Static Discharge: Not Sensitive.

SECTION 5 - REACTIVITY DATA

Stability	Unstable <input type="checkbox"/>	Conditions to Avoid: Contact with incompatible materials: Cylinders exposed to high temperatures of direct flame can rupture or burst.
	Stable <input checked="" type="checkbox"/>	

Incompatibility (Materials to Avoid): Nitrogen, the main component is not compatible with Titanium.

Hazardous Decomposition or Byproducts: None.

Hazardous Polymerization: May Occur *Hazardous polymerization will not occur under normal circumstances.

Polymerization: Will Not Occur *

SECTION 6 - HEALTH HAZARD DATA

Routes of Entry: Inhalation Skin Ingestion

Health Hazards (Acute and Chronic): ACUTE: The most significant hazard associated with this gas is inhalation of Oxygen-deficient atmospheres. Symptoms of Oxygen deficiency includes respiratory difficulty, ringing in the ears, headaches, shortness of breath, wheezing, headache, dizziness, indigestion, nausea, and, at high concentrations, unconsciousness or death may occur. The skin of the victim of over-exposure may have a blue color. Contact with rapidly expanding gases (which released under high pressure) may cause frost bite. Symptoms of frostbite include change in skin color to white or grayish-yellow. The pain after contact with liquid can quickly subside.

Carcinogenicity: NTP: N/A IARC: N/A OSHA Regulated: N/A

Signs and Symptoms of Exposure: High concentrations of this gas can cause an Oxygen-deficient environment. Individuals breathing such an atmosphere may experience symptoms which include headaches, ringing in ears, dizziness, drowsiness, unconsciousness, nausea, vomiting and depression of all the senses. Under some circumstances, death may occur

Medical Conditions Generally Aggravated by Exposure: Pre- existing respiratory conditions may be aggravated by the over-exposure of this product

Emergency and First Aid Procedures: RESCUERS SHOULD NOT ATTEMPT TO REVIVE VICTIMS OF EXPOSURE TO THIS PRODUCT WITHOUT ADEQUATE PERSONAL PROTECTIVE EQUIPMENT. At a minimum, Self-Contained Breathing Apparatus and Fire-Retardant Personal Protective equipment should be worn. Adequate fire protections must be provided during rescue situations. Remove victim(s) to fresh air as quickly as possible. Trained personnel should administer supplemental Oxygen and/or cardio-pulmonary resuscitation, if necessary. Only trained personnel should administer supplemental Oxygen. Victim(s) must be taken for medical attention. Rescuers should be taken for medical attention, if necessary. Take copy of label and MSDS to physician or other health professional with victim(s).

CMI, Inc.
 316 East Ninth Street
 Owensboro, KY 42303

MAKE REMITTANCE PAYABLE TO:
 CMI, Inc.
 2090 Reliable Parkway
 Chicago, IL 60686

INVOICE NUMBER
 775848

creditdept@mpdinc.com
 PHONE
 1-866-835-0690
 FAX
 (270) 685-6268

Payment Due Date
 5/11/12

Invoice Date
 4/11/12

BILL TO: 731362 09
 OKLAHOMA, STATE OF
 BOARD OF TESTS
 ADCU ANNEX BLDG #9
 PO BOX 36307
 OKLAHOMA CITY OK 73136-2307

SHIPPED TO:
 OKLAHOMA, STATE OF
 BOARD OF TESTS
 3600 N ML KING AVE BLDG 9
 ATTN: ROBERT BLAKEBURN
 OKLAHOMA CITY OK 73111

OUT OF WARRANTY

Customer Purchase Order Number J ROBERT BLAKEB	Ship Date 4/11/12	Payment Terms NET 30 DAYS	Shipped Via UPS	Order No. 328625	Rel.	Order Date 3/01/12
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Line No.	Qty Ordered	Qty Shipped	Part Number/Description	Unit Price	Extended Amount
1		4	LABOR INTOX-1/2 HR INCREM	39.500	158.00
2		1	INTOX CALIBRATION CHECK	85.000	85.00
3		2	PACKING & HANDLING - CMI	7.500	15.00
4		1	013010 BATTERY, NIMH, 12 V, 3.8A, 10	127.500	127.50
5		1	210120 SENSOR, SMD, PRESSURE	22.880	22.88
6		1	402565 O-RING, NEOPRENE, .301IDx.0	.350	.35
7		1	471201 O-RING, BUNA-N, -008, 3/16"x	.250	.25
8		1	120083 INDUCTOR, 100UH	10.200	10.20
			FREIGHT		14.85
		12		TOTAL AMOUNT	434.03

S/N 80-003365