

# 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



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

**BENCH CHECK DATE:** 12-03-2018

**SERIAL:** 80-003459

## **DOCUMENTATION WITHIN SERVICE PACKET:**

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 07-26-2018
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- CMI Estimate
- CMI Work Order
- Mock Subject Test
- BOT Certificates of Analysis on Certified Solutions (4)



Date:

Re: Request for Log of Test on Intoxilyzer 8000

Name:

Dear Sir:

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

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

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

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

Sincerely,



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

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-003459, 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, 2018

Signed Bloro Phillip

Technician



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

Part No. 650517 Rev.A

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

BENCH CHECK DATE 12/03/2018	TIME PROCEDURE BEGAN 13:42	INSTRUMENT LOCATION 80-003459
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-003459

**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

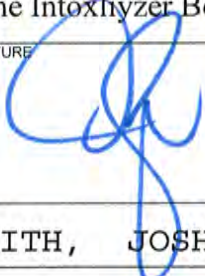
**Duplicate Breath Sampling Results**

Value	Test 1	Test 2	Control Test
.02	0.020	0.019	0.020
.04	0.038	0.038	0.039
.10	0.091	0.092	0.094
.20	0.194	0.190	0.197

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 12/03/2018
NAME SMITH, JOSHUA	PERMIT # 0000016837





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

# BENCH CHECK TECHNICIAN'S REPORT

Date: 12 / 03 / 18 Start Time: 1830 End Time: 1445

## INSTRUMENT

Intoxilyzer Model	Serial #
8000	80-003459

## GAS CANISTER

LOT #	EXP Date
24818080A3 #027	10-05-2020

## REFERENCE

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3591	DR3753	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
18020	17410	18070	17340
Manufactured Date			
01-09-2018	12-06-2017	02-26-2018	10-09-2017
Expiration Date			
01-09-2020	12-06-2019	02-26-2018	10-09-2019
Solution Commission Date			
11-19-18	11-19-18	11-19-18	11-19-18

## REASON FOR BENCH CHECK

- POST REPAIR     CYLINDER REPLACEMENT  
 TROUBLESHOOTING     ROUTINE MAINTENANCE

## COMMENTS


Technician Signature / Permit #

Printed Name

*Josh Smith* 16837  
 Josh Smith

Certificate of Analysis – Dry Gas	
11-29-18	.080
Date of Analysis	Labelled target value (g/210L)
#027	.0819
Cylinder #	Average test result
Jost Smith <i>[Signature]</i>	
BOT Technician Name and Signature	



ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-004923  
 11/29/2018 16:11

In accordance with BOT Policy and Procedure Statement BRT-2.1.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.  
 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: 11412  
 Part #: BAC105L080T  
 Cylinder Size: 105L  
 Lot Number: 24818080A3  
 Expiration: 10/5/2020

*Rec'd 10/23/18*  
*[Signature]*

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

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

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

**Distributed by:**  
 CMI Inc.  
 316 East Ninth Street  
 Owensboro, KY 4230  
 Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

Test	g/210L	Time
Air Blank	0.000	16:11
Cal Check	0.082	16:11
Air Blank	0.000	16:12
Cal Check	0.082	16:12
Air Blank	0.000	16:13
Cal Check	0.082	16:13
Air Blank	0.000	16:14
Cal Check	0.082	16:14
Air Blank	0.000	16:14
Cal Check	0.082	16:15
Air Blank	0.000	16:15
Cal Check	0.082	16:16
Air Blank	0.000	16:16
Cal Check	0.082	16:16
Air Blank	0.000	16:17
Cal Check	0.082	16:17
Air Blank	0.000	16:18
Cal Check	0.081	16:18
Air Blank	0.000	16:19
Cal Check	0.082	16:19
Air Blank	0.000	16:19
Cal Check Stats		
Average	0.0819	
Std Dev	0.0003	
Rel Std Dev(%)	0.3861	

*[Signature]* 16837  
 Operator's Signature

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

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

*[Signature]*  
 Specialty Gas Lab Tech

09-17-18  
 Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.



## Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.  
Failure to complete and return this form may cause delays in service.

**(Note: please ship items in their original shipping container(s) or a similar protective box.)**

1. Contact information: Customer Number **731362** (contact Customer Service)  
Name: **Board of Tests** Phone: **(405) 425 2460**  
Fax: **(405) 425 2490** Email: **bot@dps.state.ok.us**

2. Bill to Address: **Board of Tests** Ship to Address: **Board of Tests**  
**3600 N ML King, Bldg 9** **3600 N ML King, Bldg 9**  
**OKC, OK 73111** **OKC, OK 73111**

3. Serial Number: **80-003459** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:

**Unit was on location at site that received power surge. New fuse keeps blowing immediately after trying to power on unit. Unit may have records in memory.**

\*\*\*Hazardous Material Warning! - DO NOT return gas cylinders with instrument!\*\*\*

I Authorize Repairs Up To:  All  \$250  \$500  \$750  Other \$ \_\_\_\_\_  
Purchase Order Number (attach a copy of P.O. if applicable) \_\_\_\_\_

Authorized By:

Ship to:

**Joshua Smith**

Breath Alcohol Testing  
Program Admin

Name (Please Print)

Title

Signature

**02/15/2018**

Date

CMI, Inc

Attn: Service Dept.

316 East Ninth Street

Owensboro, KY 42303

Call: 405-425-2460 Fax 405-425-2490

No, please send estimate before repairs are made.

Note: An estimate will be faxed before performing any repairs and may cause delays in service.

An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.



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

Date: 03/14/2018  
 Page: 1 of 2

**Service Estimate: 401695**

PO #:

<b>Ship To:</b> Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City OK 73136-3000 USA	<b>Customer Number:</b> 731362	<b>Technician Name:</b> Dewayne Varvel
--	--------------------------------	---

BT, SHELF

Call Line	Part Number/Description	Revision	Quantity	Service Call Type
1	002480OK UNIT ASSY,18000,IMAGER/ETH/IMA	ND	1.00 EA	Out of Warranty
Job: SRV4016950001				
Our Part		002480OK	ND	

Serial Number(s): **80-003459**

**Job Material**

Seq. No.	Part	Description	Quantity	Est. Unit Price	Est. Ext. Price
10	140112	DISPLAY,2x20 VFD 9MM NORITAKE	1.00	EA 137.04	137.04
20	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00	EA 1.85	1.85
30	120094	PWR SPLY,12V,6.8A,80W,EOS	1.00	EA 152.00	152.00
80	650517	CERTIFICATE OF CALIBRATION CMI	2.00	EA 0.00	0.00
90	441169	COVER DUST,5/8" x 1/2" McMASTE	1.00	EA 0.00	0.00
100	470145	CAP,PLASTIC,.25IDx.50LG,RED ST	3.00	EA 0.00	0.00
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00	EA 0.00	0.00
120	140108	FUSE,5x20mm,3 AMP,250V	1.00	EA 1.10	1.10
130	690040	BATTERY,3VOLT,LITHIUM,CR2032	1.00	EA 4.99	4.99

**Labor, Freight, & Misc. Charges**

Misc Code	Description	Amount
LABR	Service Repair Labor	255.00
LCAL	Service - Calibration Adjust	45.00
LFT	Service - Final Test	85.00
SVFT	Freight - Service	25.00

**Total: 706.98**

**NOTE: AN EVALUATION FEE WILL APPLY TO ESTIMATES THAT ARE NOT REPAIRED.**  
 PLEASE SIGN AND FAX TO: 270-685-6268

APPROVED BY:  DATE: 07/12/18

**\*TAX NOT INCLUDED**





# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE <b>12/07/2018</b>		ARREST TIME <b>1100</b>		COUNTY # <b>55</b>	CITY # <b>66</b>	CITATION # <b>MOCK</b>		
ARREST LOCATION <b>MM</b>				CITY <b>MOCK</b>		COUNTY <b>M</b>		
SUBJECT NAME <b>MOCK, SUBJECT TEST</b>				DATE OF BIRTH <b>08/09/1961</b>	SEX <b>M</b>	RACE <b>W</b>	HEIGHT <b>510</b>	WEIGHT <b>165</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>				CITY <b>OKLAHOMA CITY</b>		STATE <b>OK</b>	ZIP CODE <b>73133</b>	
DRIVER LICENSE # <b>T083454871</b>				EXPIRATION DATE <b>06/30/2019</b>	STATE <b>OK</b>	CLASS <b>A</b>	RESTRICTIONS	ENDORSEMENTS <b>M</b>
VEHICLE MAKE <b>N</b>		MODEL <b>N</b>	TAG # <b>N</b>		STATE <b>NN</b>	CMV <b>N</b>	PLACARD <b>N</b>	

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 SUBJEC TEST. POST REPAIR. NEW GAS CANISTER INSTALL.**

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

**NONE**

### THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-003459</b>	SPECIALIST <b>BOARD OF TESTS</b>																																					
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>																																					
MANUFACTURER <b>ILMO</b>		LOT # <b>24818080A3</b>	DATE CYLINDER INSTALLED <b>12/03/2018</b>	DATE CYLINDER EXPIRES <b>10/05/2020</b>																																				
OBSERVATION START <b>1130</b>	TEST DATE <b>12/07/2018</b>	MOUTHPIECE <b>G</b>	<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>																																					
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NAME <b>SMITH, JOSHUA</b>																																								
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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: **12/07/2018** 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: **12/07/2018** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

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

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

Temporary License Issued

OFFICER/DPS COPY

BOT Form AFF01 07/2008



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VEHICLE MAKE <b>N</b>		MODEL <b>N</b>	TAG # <b>N</b>		STATE <b>NN</b>	CMV <b>N</b>	PLACARD <b>N</b>

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 SUBJEC TEST. POST REPAIR. NEW GAS CANISTER INSTALL.**


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

**NONE**

### THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

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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: **12/07/2018** 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: **12/07/2018** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

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

Temporary License Issued

ARRESTEE'S COPY

BOT Form AFF02 07/2008

# STATE OF OKLAHOMA - DEPARTMENT OF PUBLIC SAFETY

## Receipt for Driver License and Temporary Driving Permit

**.02 or Greater BrAC for under 21 yoa, 0.08 or Greater BrAC for 21 yoa and older, or REFUSAL**

DATE OF ARREST 12/07/2018		TIME OF ARREST 1100	
NAME (LAST, FIRST, MIDDLE) MOCK, SUBJECT TEST			
ADDRESS 3600 MARTIN LUTHER KING A			
CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73133
DRIVER LICENSE NUMBER T083454871	STATE OK	BIRTHDATE 08/09/1961	SEX M
		RACE W	WEIGHT 165
			HEIGHT 510
CLASS A	EXPIRATION 06/30/2019	RESTRICTIONS	ENDORSEMENTS M



BrAC  
**0.18**

DATE ISSUED: 12/07/2018

**This form is valid as a driver permit for a period of thirty (30) days from the date it was issued.**

Anyone using this form thirty (30) days after issuance may be driving under suspension. All law enforcement officers may determine if the holder is driving under suspension by requesting a Driver's License status through OLETS. This receipt and permit is issued to individuals who have refused to take or have taken a breath test to determine Alcohol Content and the results indicated a Breath Alcohol Content as specified under the Implied Consent Law and Title 47, 11-902, and/or 11-906.4.

### VIOLATOR'S REVOCATION NOTICE

Upon receipt of a written blood or breath test report reflecting that the arrested person, if under twenty-one (21) years of age, had any measurable quantity of alcohol in the person's blood or breath, or, if the arrested person is twenty-one (21) years of age or older, a blood or breath alcohol concentration of eight-hundredths (0.08) or more, or refused the State's test, accompanied by a sworn report from a law enforcement officer that the officer had reasonable grounds to believe the arrested person had been operating or was in actual physical control of a motor vehicle while under the influence of alcohol as prohibited by law, the Department shall revoke or deny the driving privilege of the arrested person for a period as provided by Section 6-205.1 of Title 47. Revocation or denial of the driving privilege of the arrested person shall become effective thirty (30) days after the arrested person is given written notice thereof by the officer as provided in this section or by the Department as provided in Section 2-116 of Title 47.

Upon the written request of the person whose driving privilege has been revoked or denied by this notice, the Department of Public Safety shall grant the person an opportunity to be heard if the request is received by the Department within fifteen (15) days after the notice. The sworn report of the officer, together with the results of any test or tests, shall be deemed true, absent any facial deficiency, should the requesting person fail to appear at the scheduled hearing.

ARRESTING OFFICER	
SIGNATURE	BADGE NUMBER 0000000435
SMITH, JOSHUA	AGENCY BOARD OF TESTS



# GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17110-4511 • TELEPHONE: 717-564-5470

Certificate of Analysis – Wet Bath	
09-26-2018	0200
Date of Analysis	Labelled target value (g/210L)
18020	0.0204
Lot Number	Average test result (g/210L)
JOSH SMITH	
BOT Technician Name and Signature	



BRT Form 6.0

In accordance with BRT – 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

RECV'D  
08/25/18  
[Signature]

Random Samples of Lot Number 18020 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 11, 2018, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0238% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2020 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.020 g/210L +/- 3%.

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

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
09/26/2018

SN 80-002591  
15:36

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

[Signature]  
Operator's Signature  
16837

[Signature]  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number FN08031603 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.





# GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-2813 • TELEPHONE: 717-664-6470

## Certificate of Analysis – Wet Bath

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



BRT Form 6.0

In accordance with BRT – 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

## CERTIFICATE OF ANALYSIS

### Certified Alcohol Reference Solution for Simulator

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

*RECD  
8/25/18  
[Signature]*

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

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

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
09/26/2018  
SN 00-002591  
15:54

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


*[Signature]* 16837  
Operator's Signature

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

### NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FNI2181501 whose values are traceable to NIST.

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

Certificate of Analysis - Wet Bath	
09-27-2018	.100
Date of Analysis	Labelled Target value (g/210L)
18070	0.9996
Lot Number	Actual Test result (g/210L)
	
<b>GUTH LABORATORIES, INC.</b> 590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470	
BOT Technician Name and Signature: <i>Jost</i>	



BRT Form 6.0

In accordance with BRT - 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

*REC'D  
09/25/18  
JK*

Random Samples of Lot Number **18070** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 28, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1219%** (w/vol) ethyl alcohol. The expiration date for this lot number is **February 26, 2020** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

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

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

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

*Ted L. Pauley*

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*Jost*  
16837  
Operator's Signature

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number FN04271602 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



Certificate of Analysis – Wet Bath	
09-27-2018	.200
Date of Analysis	Labelled target value (g/210L)
17340	0.1968
Lot Number	Test result (g/210L)
Josh Smith	
BOT Technician Name and Signature	



**GUTH LABORATORIES, INC.**  
 590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470  
 BRT Form 6.0

In accordance with BRT – 2.1.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

REC'D  
 08/25/18  
*[Signature]*

Random Samples of Lot Number 17340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 10, 2017**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2410%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 9, 2019** at 11:59 PM.

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

SN 80-002591  
 15:27

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

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.200 g/210L +/- 3%**.

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

*Ted L. Pauley*

Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

*[Signature]* 16837  
 Operator's Signature

**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.