

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:

Service Overview

Board of Tests for Alcohol and Drug Influence Enhancing public safety by ensuing 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: 10-07-2020

SERIAL: 80-003459

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- 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>80-003459</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.

DATE
10-08-08
10-20-08
08-25-10
07-20-12
02-20-14
11-19-15
08-29-17
07-26-18
12-03-18
10-07-2020



Presentation of this form certifies that the Intoxilyzer, SN: <u>80-003459</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,

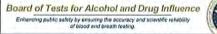
pohr tollahelin

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

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

ENCH CHECK DATE 10/07/2020	TIME PROCEDURE B	and the first of the second seco	80-00345	9			
STRUMENT TYPE Intoxilyzer	- 10L CD	IMENT MODEL		INSTRUMENT SERIAL NUMBER			
		TEST RE	SULTS				
Diagnosti	cs						
PASS							
Mouth Alcoho	ol Test						
PASS							
RFI Test	£						
PASS		Dup	licate Breath	Sampling Re	sults		
Abort Tes	st				Control		
PASS		Value	Test 1	Test 2	Test		
Improper Samp PASS	ole Test	.02	0.018	0.018	0.019		
	0.1200						
Interferent Dete PASS	ect Test	.04	0.037	0.037	0.037		
		.10	0.094	0.093	0.095		
No Sample Give PASS	en Test	.20	0.197	0.193	0.195		
Insufficient Sam PASS	ple Test		PA	SS			
Air Blank Contamir PASS	nation Test						
Range Exceede PASS	ed Test						
		CERTIFYING T					
swear under penalty he Intoxliyzer Bench		the second se			· · · · · · · · · · · · · · · · · · ·		
	I Checking I lot	coure approved	by the state o	DATE			
	1						
11 atto	1	22000		10	17/202		
(Male)	per o	andu		PERMIT #	1/2024		
PE, CHRISTO	PHER				023020		

CMI Form OKBE1 01/2019



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

BENCH CHECK TECHNICIAN'S REPORT

Date: <u>10/07/2020</u>	Start Time	: <u>12:50</u>	End Tin	ne: <u>13:50</u>
INSTRUMENT				
Intoxilyzer Model		Serial #		
8000		80-003459	1	
GAS CANISTER		EXP Date		
22620080A2-005			10/05/2	022
REFERENCE	Simul	ator Model		
Guth 2100	Guth 2100	and the second se	2100	Guth 2100
		Serial #	2041	
DR2834	DR3700	DR	2455	DR3470
1	Co	ncentration		
.02	.04		10	.20
		LOT #	diana and a second	
20070	20060	20	190	20160
	Manu	factured Date		
02/13/2020	02/10/2020	the second se	5/2020	03/18/2020
and the second second	Exp	iration Date		
02/13/2022	02/10/2022	the second s	5/2022	03/18/2022
and the second second second	Solution (Commission Date	9	
9/28/2020	9/28/2020	9/28	/2020	9/28/2020

REASON FOR BENCH CHECK

□ POST REPAIR ⊠ CYLINDER REPLACEMENT

TROUBLESHOOTING ROUTINE MAINTENANCE

COMMENTS

121	- 0 .	
MITT.	1 Val	23020
ian w	nn	0200

Technician Signature / Permit #

Christopher Pape #23020 Printed Name

Certificate	of Analysis – Dry Gas	
9/23/2020	0.080	- And
Date of Analysis	Labelled target value (g/210L)	
005	0.079	
Cylinder#	Average test result	
Christopher Pa	p Unith Soft 2:	
BOT Technician Name and Signature		Pecialty gases

In accordance with BOT Policy and Procedure Statemen 7883349ave man P.C. Bar 790 - Jacksonville, IL 62651-0790 referenced dry gas cylinder is suitable for use as an external reference with the intexilvzer 8000. 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: Part #: Cylinder Size: Lot Number:

Expiration:

BAC105L080T 105L 22620080A2 10/5/2022

13253

RCV-U 9/22/2020

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

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

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

Distributed by:

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

SN 80-004923 09/23/2020 10:11 Test g/210L Time Air Blank 0.000 10:11 Cal Check 0.079 10:12 Air Blank 0.000 10:12 Cal Check 0.079 10:13 Air Blank 0.000 10:13 Cal Check 0.079 10:14 Air Blank 0.000 10:14 Cal Check 0.079 10:14 Oir Black 0 000 :15 15 16 16

101 H HHL/M A	0.000	10:15
Cal Check	0.078	10:15
Air Blank	0.000	10:16
Cal Check	0.079	10:16
Air Blank	0.000	10:17
Cal Check	0.079	10:17
Air Blank	0.000	10:17
Cal Check	0.079	10:18
Air Blank	0.000	10:18
Cal Check	0.079	10:19
Air Blank	0.000	10:19
Cal Check	0.079	10:19
Air Blank	0.000	10:20
Cal Check Stats	1920	
Average	0.0789	
Std Dev		
Rel Std Deu(%)		
	Cal Check Air Blank Cal Check Air Blank Cal Check Air Blank Cal Check Air Blank Cal Check Air Blank Cal Check Stats Auerage Std Deu	Cal Check 0.078 Air Blank 0.000 Cal Check 0.079 Air Blank 0.000 Cal Check Stats 0.000 Auerage 0.003

Signature

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

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

Specialty Gas Lab Tech

09-03-2020 Issuance 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.

ISO/IEC 17025:2017 Accredited Laboratory

7/13

ALPHA INSTRUMENT 2

Model 8000

Intoxilyzer - Alcohol Analyzer

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

8/13

ARREST DATE 10/07/2020	ARREST TIME		COUNT 55	Y#	CI	Y#	c	ITATION #			
ARREST LOCATION				CITY				-	OK	Y LAHO	MA
SUBJECT NAME NORTH, GAYLON LEV	ERNE				DATE O	F BIRTH	961	M	RACE	HEIGHT	14 I I I I I I I I I I I I I I I I I I I
ADDRESS 3600 MARTIN LUTHE	R KING A	OI	KLAHOMA	CITY				TATE OK		ZIP COL 73	DE 133
T083454871			EXPIRATION 06/3		19	STATE OK	A	3	RESTR	ICTIONS	ENDORSEMENT M
VEHICLE MAKE MOCK	MODE	DCK				o IOCK			ATE OK	CMV N	PLACARD N

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

MOCK SUBJECT TEST, ROUTINE MAINTENANCE, INSTALL NEW CYLINDER

the second s	SIS RECORD, REPORT OF TH	E PERSON NAMED	N SECTION 1 ABO	/E, and LOG OF TI	EST AND MAINTENANCE RECORD	o. Secti
QUIPMENT			NUMBER	SPECIALIST	Service reaction out out of	
I-8000		80-	003459	BOARD	OF TESTS	
TANDARD			TARGET VALL		PERMIT NUMBER	
Dry			0.080	1	23020	
ANUFACTURER	the second second second		LOT #	Salar Salar	DATE CYLINDER INSTALLED	DATE CYLINDER EXPIRES
ILMO			22620	080A2	10/07/2020	10/05/2022
1315	EST DATE 10/07/2020	MOUTHPIECE G) deprivation/observation	n
SULT TABLE					prior to and continuing	THE STAN
fest	g/210L	Time	to	the time of te	est administration.	S + * A * + C
.cat	9/2100	1 TWG			100000000000000000000000000000000000000	
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	0.00	13:35				ISIN AA (SMLA) & 7 1
ubject Test		13:30	complian	ce with the	e applicable operatin	g
Breath Volum			proc	edure of th	e Board of Tests.	2 + + +)
ir Blank	0.00	13:36	proc	cuare of th	e board of resis.	P ** >** ** **
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ubject Test	0.00	13:39	SIGNATURE O	FOPERATOR		- 1907
Breath Volum			CICILITORE O			
ir Blank	0.00	13:39	NAME			
al Check	0.08	13:39		INTOMODIUS	ID.	Test Result
ir Blank	0.00	13:40		IRISTOPHE		BrAC g/210L
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or more, if you refused rating a CMV or CDL h result of this arrest by may be eligible to pa cation as a result of the est IDAP within thirty EVING OF NOTICE ountability Program a served: $10/07/20$ E a served: CHI SE 000000484	d or failed the state's test(s). older) OR a test result of .04 filing a petition in the District (ritcipate in the Impaired Dri this arrest from appearing of (30) days of the date listed E: I personally hand del in to the person named in 07/2020 Sig e 12 O.S. Section 426, ' <u>020</u> Place (location w RISTOPHER AGENCY ADDRESS INTER – AGE	Notice of Revoca In addition, your com or more while operat Court of the County in iver Accountability on your driving reco I below. Mail the re- ivered a copy of I in Section 1 above gnature of officer: 'I state under per when signed):	AGENCY BOARD O tion is given that yu imercial driving priv ing a commercial n n which you were a Program (IDAP) au rd. Participation quest for IDAP to the above conta e.	F TESTS bur driver's license vilege in this state hotor vehicle. You rested. Your pet dministered by the in IDAP may redu the Department of ining the Notic of under the law	e is revoked or denied for a period will be disqualified if you refused of may appeal any Departmental an lifton must be filed within thirty (30) ne Department of Public Safety use the amount of fees you will of Public Safety at P.O. Box 114 e of Revocation and the No s of Oklahoma that the fore Signature of arresting of OF TESTS	d of one hundred eighty (180) Section of failed the state's test(s) toon against your driver license (DPS). Completion of IDAP may prevent a be required to pay to the State. You must 115, Oklahoma City, OK 73136. Ticce of Department Impaired Driving Badge #: Badge #: Badge #: Social ficer: Section ficer Section field ficer Section field ficer Section field field field field field field field field field f
or more, if you refused rating a CMV or CDL h result of this arrest by may be eligible to pa cation as a result of the est IDAP within thirty EVING OF NOTICE ountability Program a served: $10/07/20$ E a served: $10/07/20$ E APE, CHF GE 000000484 HER WITNESSES:	d or failed the state's test(s). older) OR a test result of .04 filing a petition in the District (ritcipate in the Impaired Dri this arrest from appearing of (30) days of the date listed E: I personally hand del in to the person named in 07/2020 Sig e 12 O.S. Section 426, ' <u>020</u> Place (location w RISTOPHER AGENCY ADDRESS INTER – AGE	Notice of Revoca In addition, your com or more while operat Court of the County in iver Accountability on your driving reco I below. Mail the re- ivered a copy of I in Section 1 above gnature of officer: 'I state under per when signed):	AGENCY BOARD O tion is given that yu imercial driving priv ing a commercial in which you were a Program (IDAP) au rd. Participation quest for IDAP to the above conta e.	F TESTS our driver's license vilege in this state notor vehicle. You rrested. Your pet diministered by th in IDAP may redu the Department of ining the Notic ounder the law	e is revoked or denied for a period will be disqualified if you refused of may appeal any Departmental an lifton must be filed within thirty (30) ne Department of Public Safety use the amount of fees you will of Public Safety at P.O. Box 114 e of Revocation and the No s of Oklahoma that the fore Signature of arresting of OF TESTS	d of one hundred eighty (180) Section or failed the state's test(s) ction against your driver license) days of the date listed below. (DPS). Completion of IDAP may prevent a be required to pay to the State. You must 115, Oklahoma City, OK 73136. tice of Department Impaired Driving Badge #: going is true and correct." Section ficer: PHONE 4054252460
or more, if you refused rating a CMV or CDL h result of this arrest by may be eligible to pa cation as a result of the est IDAP within thirty RVING OF NOTICE ountability Program a served: $10/07/20$ ccordance with Titl e: $10/07/20$ E APE, CHF GE 000000484	d or failed the state's test(s). older) OR a test result of .04 filing a petition in the District (ritcipate in the Impaired Dri this arrest from appearing of (30) days of the date listed E: I personally hand del in to the person named in 07/2020 Sig e 12 O.S. Section 426, ' <u>020</u> Place (location w RISTOPHER AGENCY ADDRESS INTER – AGE	Notice of Revoca In addition, your com or more while operat Court of the County in iver Accountability on your driving reco I below. Mail the re- ivered a copy of I in Section 1 above gnature of officer: 'I state under per when signed):	AGENCY BOARD O tion is given that yu imercial driving priv ing a commercial n n which you were a Program (IDAP) au rd. Participation quest for IDAP to the above conta e.	F TESTS bur driver's license vilege in this state hotor vehicle. You rested. Your pet dministered by the in IDAP may redu the Department of ining the Notic of under the law	e is revoked or denied for a period will be disqualified if you refused of may appeal any Departmental an lifton must be filed within thirty (30) ne Department of Public Safety use the amount of fees you will of Public Safety at P.O. Box 114 e of Revocation and the No s of Oklahoma that the fore Signature of arresting of OF TESTS	d of one hundred eighty (180) Section of failed the state's test(s) toon against your driver license (DPS). Completion of IDAP may prevent a be required to pay to the State. You must 115, Oklahoma City, OK 73136. Ticce of Department Impaired Driving Badge #: Badge #: Badge #: Social ficer: Section ficer Section field ficer Section field ficer Section field field field field field field field field field f
s or more, if you refused rating a CMV or CDL h result of this arrest by may be eligible to pa boation as a result of the rest IDAP within thirty RVING OF NOTICE countability Program e served: $10/07/20$ (ccordance with Titl e: $10/07/20$ ME APE, CHF OGE 000000484 HER WITNESSES:	d or failed the state's test(s). older) OR a test result of .04 filing a petition in the District (ritcipate in the Impaired Dri this arrest from appearing of (30) days of the date listed E: I personally hand del in to the person named in 07/2020 Sig e 12 O.S. Section 426, ' <u>020</u> Place (location w RISTOPHER AGENCY ADDRESS INTER – AGE	Notice of Revoca In addition, your com or more while operat Court of the County in iver Accountability on your driving reco I below. Mail the re- ivered a copy of I in Section 1 above gnature of officer: 'I state under per when signed):	AGENCY BOARD O tion is given that yu imercial driving priv ing a commercial in which you were a Program (IDAP) au rd. Participation quest for IDAP to the above conta e.	F TESTS our driver's license vilege in this state notor vehicle. You rrested. Your pet diministered by th in IDAP may redu the Department of ining the Notic ounder the law	e is revoked or denied for a period will be disqualified if you refused of may appeal any Departmental an lifton must be filed within thirty (30) ne Department of Public Safety use the amount of fees you will of Public Safety at P.O. Box 114 e of Revocation and the No s of Oklahoma that the fore Signature of arresting of OF TESTS	d of one hundred eighty (180) Section or failed the state's test(s) ction against your driver license) days of the date listed below. (DPS). Completion of IDAP may prevent a be required to pay to the State. You must 115, Oklahoma City, OK 73136. tice of Department Impaired Driving Badge #: going is true and correct." Section ficer: PHONE 4054252460

OFFICER/DPS COPY BOT Form AFF01 03/2020

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

9/13

	305		COUNTY #	C	ытү #	C	CITATION #			
ARREST LOCATION BOT			CI	ITY	3.355			OK	Y LAHC	AMA
SUBJECT NAME NORTH, GAYLON LEVERN	E				OF BIRTH	961	SEX	RACE	HEIGHT	weigнт 0 165
ADDRESS 3600 MARTIN LUTHER K	ING A	OKLAHO	MA CIT	Ϋ́			OK		ZIP COL	DE 133
DRIVER LICENSE # T083454871			6/30/2	019	STATE	CLAS	S	RESTR	ICTIONS	ENDORSEMENT
VEHICLE MAKE MOCK	MODEL				AG # MOCK		12.1	ATE OK	CMV N	PLACARD N

On the above date, mine, and boardin, the above named person was anested, and in a reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, tumpike, public parking lot, or other public package, 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):

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

MOCK SUBJECT TEST, ROUTINE MAINTENANCE, INSTALL NEW CYLINDER

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

	ALYSIS RECORD, REPORT OF T					ST AND	MAINT	ENANCE RECORD	D,	Section
QUIPMENT		SERIAL		03459	BOARD	OF	TTT	TTC		
ANDARD		00	-0	TARGET VAL		PERMIT				
Dry				0.08		230				
ANUFACTURER				LOT #					_	DATE CYLINDER EXPIRES
ILMO				2262	0080A2	10,	/07	2020		10/05/2022
BSERVATION START	10/07/2020	G	T	A 15-min	ute (or greater				n	
SULT TABLE	10/07/2020	G	-		was observed				·	
SULT TABLE			1		the time of te					THE STATE
Test	g/210L	Time	-			or dam				0 ********
Air Blank	0.00	13:35	I	adminis	stered said E	reath	-Alc	cohol Test	in	× * * * * * * * * * *
Subject Test	0.00	13:35								S S S S S S S
Breath Volu		12:20		complia	nce with the	appli	icab.	le operatin	g	H ** S 7 7 / ** A
Air Blank	0.00	13:36		pro	cedure of the	e Boa	rd o	f Tests.		A ***
Wait	0.00	13:38		. 1	X			22-01-01-0		E */ 3 * (** / **
Air Blank	0.00	13:38		1/1	1/1/1		- '	13020		
ubject Test	0.00	13:39	4	11/1	1 YAR	/	0	and		1000
Breath Volu				SIGNATURE	OPOPERATOR					1907
ir Blank	0.00	13:39		1	cur					
al Check	0.08	13:39	NAN							Test Result
ir Blank	0.00	13:40			HRISTOPHE					BrAC g/210L
	27.24			GE#	0101	PERMIT		00000		
				00000	0484	1000	000	23020		0.00
			1000	ENCY	T magana					0.00
			B	OARD C	OF TESTS	_	_		-	
is or more, if you refu erating a CMV or CD a result of this arrest u may be eligible to ocation as a result uest IDAP within th RVING OF NOTI countability Progr	of this arrest from appearing of irty (30) days of the date listed ICE: I personally hand del ram to the person named i	In addition, your co or more while oper Court of the County iver Accountabilit on your driving red I below. Mail the ivered a copy of	omme ating y in why y Pro- cord. reque f the ve,	rcial driving pr a commercial hich you were gram (IDAP) Participation st for IDAP to	ivilege in this state motor vehicle. You arrested. Your peti administered by th in IDAP may redu to the Department of	will be dis may app tion must te Depart tice the a of Public	eal any be file ment of Safety	ed if you refused of y Departmental ac d within thirty (30) of Public Safety of fees you will r at P.O. Box 114	or failed ction ag) days o (DPS). be requ 15, Okl	the state's test(s) ainst your driver license f the date listed below. Completion of IDAP may prevent a ured to pay to the State. You must
		n nam itura, kunin a	_			-			-	
ccordance with	Title 12 O.S. Section 426,	'l state under pe	enalt	ty of perjur	y under the law:	s of Okl	ahom	a that the fore	going i	is true and correct." Section
e:10/07/2	2020 Place (location v	vhen signed):	Ľ.,			Sign	ature	of arresting of	ficer:	
ИË	with a start start of a start				AGENCY					
	HRISTOPHER				BOARD	OF	TE	STS		
DGE	AGENCY ADDRESS	INTOIN .						ZIP CODE	PHON	
00000048	34 INTER-AGE	SINCY						00000	40	54252460

	Certificat	e of Anal	/sis – Wet Bath	
8/	11/202	0 0	.020	10/13
Date of An			ta (COValue (p/210L)	
20	070	F.O	2020	
Lot Numbe				
			The second cards, inc.	
chri	stophes	ICHE Z	594 NORTH 52th STREED . HARRISBURG, PA 17111- 4511 . TELEPHONE: 717-564-5470	
BOT Techni	Iclan Name and Sig	nature 🗸	BRT Form 6.0	
In accord	ance with BRT -	- 2.2.0, Mainte	nance, the above referenced simulator solution is	
suitable f	for use as an exte	ernal reference		
	a a laterature Com		CERTIFICATE OF ANALYSIS	
ILPHA INSTRU			CERTIFICATE OF ANALYSIS N 1 1000	
	- Alcohol Analyz		11/2020	
lode1 8000 8/11/2020		SN 80-004923 09:42	$\left(\right) \left(\left) \left(\right) \left(\right) \left(\right) \left(\right) \left(\left) \left(\right) \left(\right) \left(\right) \left(\right) \left(\left) \left(\right) \left(\right) \left(\right) \left(\right) \left(\left) \left(\right) \left(\right) \left(\left) \left(\right) \left(\right) \left(\left) \left(\right) \left(\left) \left(\right) \left(\right) \left(\left) \left(\right) \left(\right) \left(\left) \left(\right) \left(\left) \left(\right) \left(\left) \left(\right) \left(\left) \left(\right) \left(\left(\right) \left(\left(\right) \left(\left) \left(\left(\right) \left(\left(\right) \left(\left(\right) \left(\left(\right) \left(\left$	
2/11/2020		09:42		
			Castified Alaskal Defenses Calution for Cimulator	
est	g/210L	Time	Certified Alcohol Reference Solution for Simulator	
ir Blank	0.000	09:42		
al Check	0.020	09:43		
ir Blank	0.000	09:43	Random Samples of Lot Number 20070 of	
al Check	0.020	09:44	reardon Sumptos of Not Humber 20070 Of	
ir Blank	0.000	09:45	Alcohol Reference Solution for Simulator were analyzed	by
al Check	0.020	09:45	Arconor Reference Solution for Simulator were analyzed	UY

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%.

perator's Signature

Air Blank

Cal Check

Air Blank

Std Deu

Cal Check Stats Ruerage

Rel Std Deu(%)

0.000

0.020

0.000

0.021

0.000

0,020

0.000

0.020

0.000

0.020

0.000

0.020

0.000

0.019

0.000

0.0200

0.0004

2,3569

09:46

09:47

09:47

09:48

09:48

09:49

19:49

09:50

09:51

09:51

09:52

09:53

09:53

09:54

09:54

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 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.

Certificate 7/22/202	e of Analysis – Wet Bath		
Date of Analysis	Labelled target value (g/210L)		
20060 Lot Number	Acra le une reduit (#/3301)		
christopher 1	PONDRIE	HI ABORATORIES, INC.	ONE: 717-564-5470
BOT Technician Name and Sign	N. Contraction of the second s	BRT Form 6.0	DNE: 717-564-5470
	- 2.2.0, <i>Maintenance</i> , the above reference in maintenance of the		

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

RCVD 6/1/20

20060 of

ALPHA UNIT SUB Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-003400 07/22/2020 14:57

q/210L

0.000

0.040

0.000

0.039

0.000

0.039

0.000

0.039

0.000

0.039

0.000

0.039

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0.040

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0.000

0.040

0.000

0.040

0.000

0.0395

0,0005

1.3342

Time

14:57

14:58

14:59

14:59

15:00

15:01

15:01

15:02

15:02

15:03

15:04

15:04

15:05

15:06

15:06

15:07

15:07

15:08

15:09

15:09

15:10

Test

Air Blank

Cal Check

Air Blank

Std Deu

Cal Check Stats AVECSOE

Rel Std Dev(%)

Random Samples of Lot Number Alcohol Reference Solution for Simulator were analyzed by chromatography on February 11, 2020, using a Perkin Elmer Gas 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°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.

aul

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

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.

Operator's Signature

Ob 16 2	Labelled target value (g/2101)		12/13
20190	298 Autore tast result (g/210L)		
Josh Smith	CLC 1 1	BONATORIES, INC.	
BOT Technician Name and Si	nature to the second seco	RGET BRT Forth 6.0 TISE JRG, PA 17111- 4511 @ TELEPHONE: 717-564-5470	- 1
In accordance with BRT	 2.2.0, Maintenance, the above referenced si ernal reference in maintenance of the Intoxilya 	mulator solution is	QUIN

CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-002591 Certified Alcohol Reference Solution for Simulator 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	16:26
Cal Check	0.098	16:27
Air Blank	0.000	16:27
Cal Check	0.097	16:28
Rir Blank	0.000	16:29
Cal Check	0.098	16:29
Nr Blank	0.000	15:30
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.

104 Ignature Operator

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.

and the second second
Aboratories, Inc.
TREET . HARRISBURG, PA 17111- 4511 . TELEPHONE: 717-564-5470
BRT Form 6,0

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

CERTIFICATE OF ANALYSIS

1702

Certified Alcohol Reference Solution for Simulator

7/07/2020		SN 80-003400 15:25	
st	g/210L	Tine	
r Blank	0.000	15:26	
1 Check	0.196	15:26	
r Blank	0.000	15:27	
1 Check	0.196	15;28	
r Blank	0.000	15:28	
I Check	0.197	15:29	
r Blank	0.000	15:29	
I Check	0.196	15:30	
r Blank	0.000	15:31	
I Check	0.198	15:31	
r Blank	0.000	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	
I Check Stats			
verage ,	0.1971		
td Deu	0.0008		
el Std Deu(%)	0.4442		

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.