



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


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 _____, 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 ensuring the accuracy and scientific reliability
of blood and breath testing



2/16

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

BENCH CHECK DATE: 05-19-2021

SERIAL: 80-004882

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 05-07-2021
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- 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 80-004882, 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 May 07, 2021 Signed Alice Foler

Technician



316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650517 Rev.A

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

| | | |
|--------------------------------|---------------------------------|---------------------------------------|
| BENCH CHECK DATE 05/19/2021 | TIME PROCEDURE BEGAN 11:20:2 | INSTRUMENT LOCATION 80-004882 |
| INSTRUMENT TYPE Intoxilyzer | INSTRUMENT MODEL I-8000 | INSTRUMENT SERIAL NUMBER 80-004882 |

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

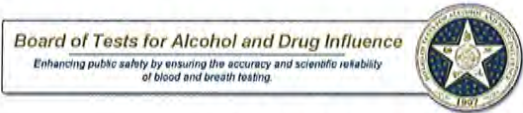
| Value | Test 1 | Test 2 | Control Test |
|-------|--------|--------|--------------|
| .02 | 0.017 | 0.018 | 0.018 |
| .04 | 0.036 | 0.036 | 0.037 |
| .10 | 0.099 | 0.097 | 0.098 |
| .20 | 0.197 | 0.194 | 0.194 |

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  23020 | DATE 5/19/2021 |
| NAME PAPE, CHRISTOPHER | PERMIT # 0000023020 |



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

BENCH CHECK TECHNICIAN'S REPORT

Date: 05/19/2021 **Start Time:** 11:20 **End Time:** 12:25

INSTRUMENT

| | |
|-------------------|-----------|
| Intoxilyzer Model | Serial # |
| 8000 | 80-004882 |

GAS CANISTER

| | |
|----------------|------------|
| LOT # | EXP Date |
| 03521080A3-011 | 03/05/2023 |

REFERENCE

| Simulator Model | | | |
|--------------------------|------------|------------|------------|
| Guth 2100 | Guth 2100 | Guth 2100 | Guth 2100 |
| Serial # | | | |
| DR2834 | DR3700 | DR2455 | DR3470 |
| Concentration | | | |
| .02 | .04 | .10 | .20 |
| LOT # | | | |
| 20070 | 20060 | 20190 | 20160 |
| Manufactured Date | | | |
| 02/13/2020 | 02/10/2020 | 04/06/2020 | 03/18/2020 |
| Expiration Date | | | |
| 02/13/2022 | 02/10/2022 | 04/06/2022 | 03/18/2022 |
| Solution Commission Date | | | |
| 5/3/2021 | 5/3/2021 | 5/17/2021 | 5/10/2021 |

REASON FOR BENCH CHECK

- POST REPAIR CYLINDER REPLACEMENT
- TROUBLESHOOTING ROUTINE MAINTENANCE

COMMENTS

| |
|--------------------------|
| CMI replaced flow sensor |
| |
| |
| |

Christopher Pape 23020
 Technician Signature / Permit #

Christopher Pape #23020
 Printed Name

| Certificate of Analysis - Dry Gas | |
|--|--------------------------------|
| 3/10/2021 | 0.080 |
| Date of Analysis | Labelled target value (g/210L) |
| 011 | 0.079 |
| Cylinder # | Average test result |
| Christopher Pope <i>Christopher Pope</i> 23000 | |
| BOT Technician Name and Signature | |



8/16

ALPHA INSTRUMENT 2
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-004923
 03/10/2021 15:52

In accordance with BOT Policy and Procedure Statement BRT-2.2.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.
 Eastgate Dr. P.O. Box 790 • Jacksonville, IL 62651-0790
 217-245-2192 • Fax: 217-243-7634 • www.ilmoproducts.com

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 15:53 |
| Cal Check | 0.079 | 15:53 |
| Air Blank | 0.000 | 15:53 |
| Cal Check | 0.079 | 15:54 |
| Air Blank | 0.000 | 15:54 |
| Cal Check | 0.080 | 15:55 |
| Air Blank | 0.000 | 15:55 |
| Cal Check | 0.080 | 15:55 |
| Air Blank | 0.000 | 15:56 |
| Cal Check | 0.080 | 15:56 |
| Air Blank | 0.000 | 15:57 |
| Cal Check | 0.080 | 15:57 |
| Air Blank | 0.000 | 15:58 |
| Cal Check | 0.079 | 15:58 |
| Air Blank | 0.000 | 15:59 |
| Cal Check | 0.079 | 15:59 |
| Air Blank | 0.000 | 15:59 |
| Cal Check | 0.079 | 16:00 |
| Air Blank | 0.000 | 16:00 |
| Cal Check | 0.079 | 16:01 |
| Air Blank | 0.000 | 16:01 |
| Cal Check Stats | | |
| Average | 0.0794 | |
| Std Dev | 0.0005 | |
| Rel Std Dev(%) | 0.6503 | |

Certificate of Analysis

Certificate ID: 13683 ✓
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 03521080A3 ✓
Expiration: 3/5/2023 ✓

RCV'D
3/9/21
CP

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) | NDIR |
| Nitrogen | Balance | [5.2 ppm] | |

Distributed by:
CMI Inc.
 316 East Ninth St
 Owensboro, KY
 Phone 866-835-0
www.alcoholtest.com

Christopher Pope
 Operator's 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).

Christopher Pope
 Specialty Gas Lab Tech

Travis Nelson

02-23-2021
 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.

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 **731352** (contact Customer Service)
Name: **Board of Tests** Phone: **(405) 425 2460**
Fax: **(405) 425 2490** Email: **christopher.pape@bot.ok.gov**

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: **80-004882** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:
3µm and 9µm values very close together. 3µm= 12971 / 9µm= 13012. Flow sensor value at 112, please replace sensor.

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:

Chris Pape

Breath Testing Admin

Name (Please Print)

Title

CMI, Inc

Signature

1/27/2021

Date

Attn: Service Dept.

316 East Ninth Street

Owensboro, KY 42303

Call: 405-425-2460 or email

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.



SERVICE WORK ORDER

DATE: 2/3/2021

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

405705

Bill To:Oklahoma Board Of Tests
Blvd Adcu Annex Bldg #9
3600 Martin Luther King
Oklahoma City, OK 73136-3000
USA
Customer #: 731362
Phone: 405-425-2424
Fax: 405-425-2490 fax**Ship To:**Oklahoma Board Of Tests DNU
Po Box 36307
3600 N MI King Blvd Blg 9
Oklahoma City OK 73111
USA
Phone: 405-425-2424

MODEL #: 002480OK

Serial Number: 80-004882

BILL CODE: Out of Warranty

EXTRA PARTS RCVD:

BH,KB WCOVER,BATTERY(B11-2485),GAS SHELF,GAS REG-GR4882

DESCRIPTION OF PROBLEM

FLOW SENSOR VALUE AT 112. PLEASE REPLACE SENSOR.

WORK PERFORMED:

Flow sensor /R value / low; soleniod / had leak; o-rings / cracked; replaced parts listed; calibration and final tested.

PARTS USED

| Seq. No. | Part | Description | Quantity |
|----------|--------|--------------------------------|----------|
| 50 | 530030 | TUBING,TYGON,,375IDx.562OD | 2.00 IN |
| 60 | 471201 | O-RING,BUNA-N,-008,3/16inx5/16 | 1.00 EA |
| 70 | 021357 | SOLENOID ASSY,18000 | 1.00 EA |
| 80 | 650517 | CERTIFICATE OF CALIBRATION | 2.00 EA |
| 90 | 441169 | COVER DUST,5/8in x 1/2in | 1.00 EA |
| 100 | 470145 | CAP,PLASTIC,,25IDx.50LG,RED | 3.00 EA |
| 110 | 470154 | CAP,PLSTC,,406IDx.438-.562,RED | 1.00 EA |
| 120 | 470218 | SEAL,TAMPER EVIDENT,SERVICE | 1.00 EA |
| 140 | 210120 | SENSOR,SMD,PRESSURE | 1.00 EA |
| 150 | 470202 | FILTER,FOAM,1.85x2.20 | 1.00 EA |
| 160 | 402565 | O-RING,NEOPRENE,,301IDx.06THK | 1.00 EA |

LABOR / TESTING

| Misc Code | Description | Hours |
|-----------|------------------------------|-------|
| LABR | Service Repair Labor | |
| LCAL | Service - Calibration Adjust | 0.50 |
| LFT | Service - Cal / Final Test | 1.00 |

Technician Name: Leanna Shelnett

SRV4057050001



OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

11/16

Section 1

| | | | | | | | | |
|--|--|----------------------------|------------------------------|--------------------------------------|--------------------|---------------------------|----------------------|--------------------------|
| ARREST DATE 05/19/2021 | | ARREST TIME 1145 | | COUNTY # 55 | CITY # | CITATION # | | |
| ARREST LOCATION BOT | | | | CITY | | COUNTY OKLAHOMA | | |
| SUBJECT NAME NORTH, GAYLON LEVERNE | | | | DATE OF BIRTH 08/09/1961 | SEX M | RACE W | HEIGHT 510 | WEIGHT 165 |
| ADDRESS 3600 MARTIN LUTHER KING A | | | CITY OKLAHOMA CITY | | STATE OK | ZIP CODE 73133 | | |
| DRIVER LICENSE # T083454871 | | | | EXPIRATION DATE 06/30/2019 | STATE OK | CLASS A | RESTRICTIONS | ENDORSEMENTS M |
| VEHICLE MAKE MOCK | | MODEL MOCK | | TAG # MOCK | | STATE OK | CMV N | PLACARD N |

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 SUBJECT TEST

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

POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

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 80-004882 | SPECIALIST BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|--|--|------|--------|------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|
| STANDARD Dry | | TARGET VALUE 0.080 | PERMIT NUMBER 23020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURER ILMO | | LOT # 03521080A3 | DATE CYLINDER INSTALLED 05/19/2021 | DATE CYLINDER EXPIRES 03/05/2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVATION START 1150 | TEST DATE 05/19/2021 | 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;"><i>Christopher Pape</i> SIGNATURE OF OPERATOR</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>12:16</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:16</td></tr> <tr><td>Breath Volume</td><td>2.183 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:17</td></tr> <tr><td>Wait</td><td></td><td>12:19</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:19</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:19</td></tr> <tr><td>Breath Volume</td><td>2.117 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:20</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>12:20</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:21</td></tr> </tbody> </table> | | | | | Test | g/210L | Time | Air Blank | 0.00 | 12:16 | Subject Test | 0.00 | 12:16 | Breath Volume | 2.183 LITERS | | Air Blank | 0.00 | 12:17 | Wait | | 12:19 | Air Blank | 0.00 | 12:19 | Subject Test | 0.00 | 12:19 | Breath Volume | 2.117 LITERS | | Air Blank | 0.00 | 12:20 | Cal Check | 0.08 | 12:20 | Air Blank | 0.00 | 12:21 |
| Test | g/210L | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 12:16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.183 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wait | | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.117 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cal Check | 0.08 | 12:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESULT TABLE | | | NAME PAPE, CHRISTOPHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | BADGE # 000000484 | PERMIT # 0000023020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | AGENCY BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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. 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.

Section 3

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: **05/19/2021**

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: **05/19/2021** Place (location when signed): _____ Signature of arresting officer: _____

| | | | |
|----------------------------------|---------------------------------------|---------------------------------|----------------------------|
| NAME PAPE, CHRISTOPHER | | AGENCY BOARD OF TESTS | |
| BADGE 000000484 | AGENCY ADDRESS INTER-AGENCY | ZIP CODE 00000 | PHONE 4054252460 |

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 03/2020

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

12/16

Section 1

| | | | | | | | | |
|--|--|----------------------------|--------------------------------------|------------------------------------|--------------------|---------------------------|--------------------------|----------------------|
| ARREST DATE 05/19/2021 | | ARREST TIME 1145 | | COUNTY # 55 | CITY # | CITATION # | | |
| ARREST LOCATION BOT | | | | CITY | | COUNTY OKLAHOMA | | |
| SUBJECT NAME NORTH, GAYLON LEVERNE | | | | DATE OF BIRTH 08/09/1961 | SEX M | RACE W | HEIGHT 510 | WEIGHT 165 |
| ADDRESS 3600 MARTIN LUTHER KING A | | | CITY OKLAHOMA CITY | | STATE OK | ZIP CODE 73133 | | |
| DRIVER LICENSE # T083454871 | | | EXPIRATION DATE 06/30/2019 | STATE OK | CLASS A | RESTRICTIONS | ENDORSEMENTS M | |
| VEHICLE MAKE MOCK | | MODEL MOCK | | TAG # MOCK | | STATE OK | CMV N | PLACARD N |

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 SUBJECT TEST

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

POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

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 80-004882 | SPECIALIST BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|--|--|----------------------------------|--------|------------------------------|-------------------------------|---------------------------------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|
| STANDARD Dry | | TARGET VALUE 0.080 | PERMIT NUMBER 23020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURER ILMO | | LOT # 03521080A3 | DATE CYLINDER INSTALLED 05/19/2021 | DATE CYLINDER EXPIRES 03/05/2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVATION START 1150 | TEST DATE 05/19/2021 | 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;"><i>Christopher Pape</i> SIGNATURE OF OPERATOR</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>12:16</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:16</td></tr> <tr><td> Breath Volume</td><td>2.183 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:17</td></tr> <tr><td>Wait</td><td></td><td>12:19</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:19</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:19</td></tr> <tr><td> Breath Volume</td><td>2.117 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:20</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>12:20</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:21</td></tr> </tbody> </table> | | | | | Test | g/210L | Time | Air Blank | 0.00 | 12:16 | Subject Test | 0.00 | 12:16 | Breath Volume | 2.183 LITERS | | Air Blank | 0.00 | 12:17 | Wait | | 12:19 | Air Blank | 0.00 | 12:19 | Subject Test | 0.00 | 12:19 | Breath Volume | 2.117 LITERS | | Air Blank | 0.00 | 12:20 | Cal Check | 0.08 | 12:20 | Air Blank | 0.00 | 12:21 |
| Test | g/210L | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 12:16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.183 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wait | | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 12:19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.117 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cal Check | 0.08 | 12:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 12:21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESULT TABLE | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">NAME PAPE, CHRISTOPHER</td></tr> <tr><td>BADGE # 0000000484</td><td>PERMIT # 0000023020</td></tr> <tr><td colspan="2">AGENCY BOARD OF TESTS</td></tr> </table> | | NAME PAPE, CHRISTOPHER | | BADGE # 0000000484 | PERMIT # 0000023020 | AGENCY BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME PAPE, CHRISTOPHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BADGE # 0000000484 | PERMIT # 0000023020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENCY BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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. 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: **05/19/2021** 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: **05/19/2021** Place (location when signed): _____ Signature of arresting officer: _____

| | | | |
|----------------------------------|---------------------------------------|---------------------------------|----------------------------|
| NAME PAPE, CHRISTOPHER | | AGENCY BOARD OF TESTS | |
| BADGE 0000000484 | AGENCY ADDRESS INTER-AGENCY | ZIP CODE 00000 | PHONE 4054252460 |

No Temporary License Issued:
Test Below Legal Limit

ARRESTEE'S COPY
BOT Form AFF02 03/2020

| Certificate of Analysis - Wet Bath | |
|------------------------------------|--------------------------------|
| 8/11/2020 | 0.020 |
| Date of Analysis | Labelled target value (g/210L) |
| 20070 | 0.020 |
| Lot Number | Average test result (g/210L) |
| christopher Pape | |
| BOT Technician Name and Signature | |



GUTH LABORATORIES, INC.

100 NORTH 5th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

CERTIFICATE OF ANALYSIS

ACV'D
6/1/2020
CP

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
08/11/2020 09:42

Certified Alcohol Reference Solution for Simulator

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 09:42 |
| Cal Check | 0.020 | 09:43 |
| Air Blank | 0.000 | 09:43 |
| Cal Check | 0.020 | 09:44 |
| Air Blank | 0.000 | 09:45 |
| Cal Check | 0.020 | 09:45 |
| Air Blank | 0.000 | 09:46 |
| Cal Check | 0.020 | 09:47 |
| Air Blank | 0.000 | 09:47 |
| Cal Check | 0.021 | 09:48 |
| Air Blank | 0.000 | 09:48 |
| Cal Check | 0.020 | 09:49 |
| Air Blank | 0.000 | 09:49 |
| Cal Check | 0.020 | 09:50 |
| Air Blank | 0.000 | 09:51 |
| Cal Check | 0.020 | 09:51 |
| Air Blank | 0.000 | 09:52 |
| Cal Check | 0.020 | 09:53 |
| Air Blank | 0.000 | 09:53 |
| Cal Check | 0.019 | 09:54 |
| Air Blank | 0.000 | 09:54 |
| Cal Check Stats | | |
| Average | 0.0200 | |
| Std Dev | 0.0004 | |
| Rel Std Dev(%) | 2.3569 | |

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°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.


Operator's 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.

| Certificate of Analysis – Wet Bath | |
|--|-------------------------------|
| 7/22/2020 | 0.040 |
| Date of Analysis | Labeled target value (g/210L) |
| 20060 | 0.040 |
| Lot Number | Average test result (g/210L) |
|  | |
| BOT Technician Name and Signature | |



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

In accordance with BRT – 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

RCV'D
6/11/20
CP

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

Random Samples of Lot Number **20060** of
 Alcohol Reference Solution for Simulator were analyzed by
 gas chromatography on February 11, 2020, using a Perkin Elmer Gas
 Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.0483% (w/vol) ethyl alcohol. The expiration date for this lot
 number is **February 10, 2022** at 11:59 PM.

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 14:57 |
| Cal Check | 0.040 | 14:58 |
| Air Blank | 0.000 | 14:59 |
| Cal Check | 0.039 | 14:59 |
| Air Blank | 0.000 | 15:00 |
| Cal Check | 0.039 | 15:01 |
| Air Blank | 0.000 | 15:01 |
| Cal Check | 0.039 | 15:02 |
| Air Blank | 0.000 | 15:02 |
| Cal Check | 0.039 | 15:03 |
| Air Blank | 0.000 | 15:04 |
| Cal Check | 0.039 | 15:04 |
| Air Blank | 0.000 | 15:05 |
| Cal Check | 0.040 | 15:06 |
| Air Blank | 0.000 | 15:06 |
| Cal Check | 0.040 | 15:07 |
| Air Blank | 0.000 | 15:07 |
| Cal Check | 0.040 | 15:08 |
| Air Blank | 0.000 | 15:09 |
| Cal Check | 0.040 | 15:09 |
| Air Blank | 0.000 | 15:10 |
| Cal Check Stats | | |
| Average | 0.0395 | |
| Std Dev | 0.0005 | |
| Rel Std Dev(%) | 1.3342 | |

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.



Ted L. Pauley, President
 GUTH LABORATORIES, INC.



 Operator's Signature

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.

Certificate of Analysis - Wet Bath



15/16

| | |
|--|-------------------------------|
| 06/16/20 | .100 |
| Date of Analysis | Labeled target value (g/210L) |
| 20190 | .098 |
| Lot Number | Average Test result (g/210L) |
|  | |
| BOT Technician Name and Signature | |

GUTH LABORATORIES, INC.

1001 RISE DR, PA 17111-4511 • TELEPHONE: 717-564-5470

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

Rec'd
06/11/2020


CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000
06/16/2020

SN 80-002591
16:18

Certified Alcohol Reference Solution for Simulator


| Test | g/210L | Time |
|-----------------|--------|-------|
| 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 |
| Air Blank | 0.000 | 16:29 |
| Cal Check | 0.098 | 16:29 |
| Air Blank | 0.000 | 16:30 |
| Cal Check | 0.098 | 16:31 |
| Air Blank | 0.000 | 16:31 |
| Cal Check Stats | | |
| Average | 0.0979 | |
| Std Dev | 0.0005 | |
| Rel Std Dev(%) | 0.5798 | |

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 at 11:59 PM.

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

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


Operator's Signature 16837


Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN02271802 whose values are traceable to NIST.

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

| Certificate of Analysis - Wet Bath | |
|------------------------------------|------------------------------|
| 07/07/2020 | 0.200 |
| Date of Analysis | Labeled Test Value (g/210L) |
| 20160 | 0.197 |
| Lot Number | Average Test Result (g/210L) |
| Christopher Pauley | 0.2030 |
| BOT Technician Name and Signature | |



GUTH LABORATORIES, INC.
 690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

BRT Form 6.0

In accordance with BRT - 2.2.0, Maintenance, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

CERTIFICATE OF ANALYSIS

*Rec'd
05/2020
CP*

Certified Alcohol Reference Solution for Simulator

LPiR UNIT SUB
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-003400
 7/07/2020 15:25

| Test | g/210L | Time |
|----------------|--------|-------|
| Ir Blank | 0.000 | 15:26 |
| al Check | 0.196 | 15:26 |
| Ir Blank | 0.000 | 15:27 |
| al Check | 0.196 | 15:28 |
| Ir Blank | 0.000 | 15:28 |
| al Check | 0.197 | 15:29 |
| Ir Blank | 0.000 | 15:29 |
| al Check | 0.196 | 15:30 |
| Ir Blank | 0.000 | 15:31 |
| al Check | 0.198 | 15:31 |
| Ir Blank | 0.000 | 15:32 |
| al Check | 0.198 | 15:33 |
| Ir Blank | 0.000 | 15:33 |
| al Check | 0.197 | 15:34 |
| Ir Blank | 0.000 | 15:35 |
| al Check | 0.198 | 15:35 |
| Ir Blank | 0.000 | 15:36 |
| al Check | 0.198 | 15:37 |
| Ir Blank | 0.000 | 15:37 |
| al Check | 0.197 | 15:38 |
| Ir Blank | 0.000 | 15:38 |
| al Check Stats | | |
| Average | 0.1971 | |
| Std Dev | 0.0008 | |
| Rel Std Dev(%) | 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°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.

Christopher Pauley
 Operator's Signature

Ted L. Pauley

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.