



**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.



2/17

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

BENCH CHECK DATE: 04/01/2022

SERIAL: 80-004888

DOCUMENTATION WITHIN SERVICE PACKET:

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



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CERTIFICATE of MAINTENANCE, CALIBRATION, and OPERATION

This certifies the **Intoxilyzer 8000** referenced below, manufactured by CMI, Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, is maintained by the Board of Tests for Alcohol and Drug Influence in accordance with 40 O.A.C. 30-1-3. The instrument reported below is hereby deemed to be in compliance with Board rules via linearity accuracy examination and operational/functional procedure evaluation also referred to as a "Bench Check". The Intoxilyzer 8000 appears on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Alcohol Measurement Devices (82 FR 50940 *et seq*) as an approved device. In accordance with 40 O.A.C. 25-1-2, this instrument is approved and certified for use in the State of Oklahoma as an automated evidential breath-alcohol measurement device by the Board of Tests pursuant to 47 O.S. § 759.

All analyses conducted by this instrument are considered precise, valid, and in accordance with 40 O.A.C. 30-1-3(b) Operating Procedure(s). A printed breath test operator affidavit containing the seal of the Board by this instrument confirms a calibration check successfully verified the instrument's calibration at the time of test. The printed breath test affidavit also serves as proof that safeguards in place to protect the breath samples, including but not limited to Ambient Air Interference, Radio Frequency Interference, Residual Mouth Alcohol, Deficient Samples, etc. were not triggered and the test is a true and accurate scientific measurement of the person's alcohol concentration.

- Maintenance was performed on the Intoxilyzer 8000, Serial No. 80-004888 on 04/01/2022 in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.
- A dry gas canister appearing on the National Highway Traffic Safety Administration's Conforming Products List of Calibrating Units for Breath Alcohol Testers (77 FR 64588 *et seq*) and approved in accordance with 40 O.A.C. 25-1-3 and BOT maintenance policy was installed.
 - Manufacturer: ILMO Unit: 208 ppm / 105 L
 - Cylinder Lot No. - Canister No.: 35521080A3-001
 - BOT analysis average test result: 0.081
 - Cylinder expiration date: 03/05/2024
- In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3685	DR3694	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
21120	21070	21190	20510
Manufactured Date			
4/7/2021	3/2/2021	6/9/2021	12/3/2020
Expiration Date			
4/7/2023	3/1/2023	6/8/2023	12/3/2022
Solution Commission Date			
03/31/2022	03/31/2022	03/31/2022	03/31/2022

Completed by BOT Personnel:


Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator
Title

Certified by:

Signature Joshua Smith
Name

State Director
Title

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

BENCH CHECK DATE 04/01/2022	TIME PROCEDURE BEGAN 09:13:5	INSTRUMENT LOCATION 80-004888
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-004888

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	0.018	0.017	0.019
.04	0.038	0.037	0.038
.10	0.098	0.096	0.097
.20	0.198	0.195	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 	DATE 4/1/2022
NAME PAPE, CHRISTOPHER	PERMIT # 0000023020



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BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

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Joshua Smith
Director

Certificate of Analysis – Dry Gas

ALPHA INSTRUMENT 2
Intoxilyzer – Alcohol Analyzer
Model 8000 SN 80-004923
03/25/2022 09:24

Test	g/210L	Time
Air Blank	0.000	09:25
Cal Check	0.082	09:25
Air Blank	0.000	09:25
Cal Check	0.081	09:26
Air Blank	0.000	09:26
Cal Check	0.081	09:27
Air Blank	0.000	09:27
Cal Check	0.082	09:27
Air Blank	0.000	09:28
Cal Check	0.082	09:28
Air Blank	0.000	09:29
Cal Check	0.082	09:29
Air Blank	0.000	09:30
Cal Check	0.081	09:30
Air Blank	0.000	09:30
Cal Check	0.080	09:31
Air Blank	0.000	09:31
Cal Check	0.081	09:32
Air Blank	0.000	09:32
Cal Check	0.081	09:32
Air Blank	0.000	09:33
Cal Check Stats		
Average	0.0813	
Std Dev	0.0006	
Rel Std Dev (%)	0.8301	

**Known Breath-Alcohol Equivalent (g/210L) Ratio of Nitrogen and Ethanol Gas (208 ppm/105 L)
0.08 g/210L = 208 PPM ÷ 2605***

Manufacturer: ILMO	Manufacturer Cert. No.: 14549	Cylinder Size: 105L
Lot No.: 35521080A3	Cylinder No.: 001	Expiration Date: 03/05/2024
The above 105 L cylinder has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference standard meets the requirements for use as a calibrating unit in accordance with 47 O.S. 759, 40 OAC 25-1-3, and appears on the current conforming products list of calibrating units for breath alcohol testers published by the U.S. Department of Transportation in the Federal Register [77 FR 64588 et seq]. * See Dubowski, K.M. and Essary N., <i>Journal of Anal. Toxicol.</i> (1996) 20(6): pp. 484-491. [g/210L = PPM ÷ 2605].		
Signature 	Date: 03/25/2022	
Name Christopher Pape	Permit No.: 23020	



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

Certificate of Analysis

Certificate ID: 14549
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 35521080A3
Expiration: 3/5/2024

RCVD
2/16/2022
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:	Distributed by:
Ethanol	208 ppm	+/-0.002 BAC(G/210L)	NDIR	CMI Inc. 316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com
Nitrogen	Balance	[5.2 ppm]		

*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

02-01-2022
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.

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

7/17

Section 1

ARREST DATE 04/01/2022		ARREST TIME 0945		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT				CITY		COUNTY OKLAHOMA	
SUBJECT NAME BREATHTEST, ALPHA				DATE OF BIRTH 01/01/1980	SEX M	HEIGHT 510	WEIGHT 150
ADDRESS 3600 MARTIN LUTHER KING A			CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73111	
DRIVER LICENSE # B083462869		EXPIRATION DATE 10/31/2022		STATE OK	CLASS D	RESTRICTIONS	ENDORSEMENTS
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.):

ROUTINE 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 80-004888	SPECIALIST BOARD OF TESTS																																					
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020																																					
MANUFACTURER ILMO		LOT # 35521080A3	DATE CYLINDER INSTALLED 04/01/2022	DATE CYLINDER EXPIRES 03/05/2024																																				
OBSERVATION START 1000	TEST DATE 04/01/2022	A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.																																						
<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>10:19</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>10:19</td></tr> <tr><td>Breath Volume</td><td>1.847 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:19</td></tr> <tr><td>Wait</td><td></td><td>10:21</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:22</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>10:22</td></tr> <tr><td>Breath Volume</td><td>1.894 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:22</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>10:23</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>10:23</td></tr> </tbody> </table>		Test	g/210L	Time	Air Blank	0.00	10:19	Subject Test	0.00	10:19	Breath Volume	1.847 LITERS		Air Blank	0.00	10:19	Wait		10:21	Air Blank	0.00	10:22	Subject Test	0.00	10:22	Breath Volume	1.894 LITERS		Air Blank	0.00	10:22	Cal Check	0.08	10:23	Air Blank	0.00	10:23	I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.		
		Test	g/210L	Time																																				
		Air Blank	0.00	10:19																																				
		Subject Test	0.00	10:19																																				
		Breath Volume	1.847 LITERS																																					
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Air Blank	0.00	10:22																																						
Cal Check	0.08	10:23																																						
Air Blank	0.00	10:23																																						
 SIGNATURE OF OPERATOR			 1907																																					
NAME PAPE, CHRISTOPHER					Test Result BrAC g/210L 0.00																																			
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: _____ 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: _____ 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

OTHER WITNESSES:

Section 5

	NAME	TITLE	ADDRESS	PHONE
1				
2				

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

8/17

Section 1

ARREST DATE 04/01/2022		ARREST TIME 0945		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT				CITY		COUNTY OKLAHOMA	
SUBJECT NAME BREATHTEST, ALPHA				DATE OF BIRTH 01/01/1980	SEX M	HEIGHT 510	WEIGHT 150
ADDRESS 3600 MARTIN LUTHER KING A			CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73111	
DRIVER LICENSE # B083462869		EXPIRATION DATE 10/31/2022	STATE OK	CLASS D	RESTRICTIONS	ENDORSEMENTS	
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.):

ROUTINE 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 80-004888	SPECIALIST BOARD OF TESTS	
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020	
MANUFACTURER ILMO		LOT # 35521080A3	DATE CYLINDER INSTALLED 04/01/2022	DATE CYLINDER EXPIRES 03/05/2024
OBSERVATION START 1000	TEST DATE 04/01/2022	<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>		
RESULT TABLE				
Test	g/210L	Time		
Air Blank	0.00	10:19		
Subject Test	0.00	10:19		
Breath Volume	1.847 LITERS			
Air Blank	0.00	10:19		
Wait		10:21		
Air Blank	0.00	10:22		
Subject Test	0.00	10:22		
Breath Volume	1.894 LITERS			
Air Blank	0.00	10:22		
Cal Check	0.08	10:23		
Air Blank	0.00	10:23		
NAME PAPE, CHRISTOPHER		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">Test Result BrAC g/210L 0.00</p> </div>		
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.

Section 3

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

Date served: _____ Signature of officer: _____ 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: _____ 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



9/17

STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

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Chairman


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www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 11:33

Test	g/210L	Time
Air Blank	0.000	11:34
Cal Check	0.022	11:34
Air Blank	0.000	11:35
Cal Check	0.021	11:36
Air Blank	0.000	11:36
Cal Check	0.021	11:37
Air Blank	0.000	11:37
Cal Check	0.021	11:38
Air Blank	0.000	11:38
Cal Check	0.021	11:39
Air Blank	0.000	11:40
Cal Check	0.021	11:40
Air Blank	0.000	11:41
Cal Check	0.020	11:42
Air Blank	0.000	11:42
Cal Check	0.021	11:43
Air Blank	0.000	11:43
Cal Check	0.021	11:44
Air Blank	0.000	11:45
Cal Check	0.020	11:45
Air Blank	0.000	11:46
Cal Check Stats		
Average	0.0209	
Std Dev	0.0005	
Rel Std Dev(%)	2.7158	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 04/07/2021	Concentration: 0.02
Lot No.: 21120	Expiration Date: 04/07/2023	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 23020	



10/17

STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

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

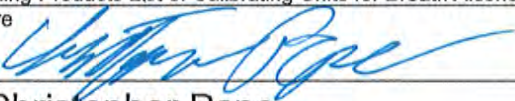
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 11:53

Test	g/210L	Time
Air Blank	0.000	11:53
Cal Check	0.041	11:54
Air Blank	0.000	11:54
Cal Check	0.041	11:55
Air Blank	0.000	11:56
Cal Check	0.042	11:56
Air Blank	0.000	11:57
Cal Check	0.042	11:58
Air Blank	0.000	11:58
Cal Check	0.042	11:59
Air Blank	0.000	11:59
Cal Check	0.041	12:00
Air Blank	0.000	12:01
Cal Check	0.041	12:01
Air Blank	0.000	12:02
Cal Check	0.041	12:02
Air Blank	0.000	12:03
Cal Check	0.041	12:04
Air Blank	0.000	12:04
Cal Check	0.042	12:05
Air Blank	0.000	12:05
Cal Check Stats		
Average	0.0414	
Std Dev	0.0005	
Rel Std Dev(%)	1.2473	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 03/01/2021	Concentration: 0.04
Lot No.: 21070	Expiration Date: 03/01/2023	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 23020	



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

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

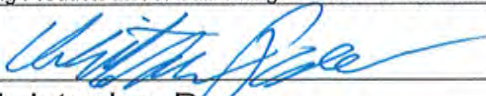
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 12:11

Test	g/210L	Time
Air Blank	0.000	12:11
Cal Check	0.101	12:12
Air Blank	0.000	12:13
Cal Check	0.101	12:13
Air Blank	0.000	12:14
Cal Check	0.101	12:15
Air Blank	0.000	12:15
Cal Check	0.102	12:16
Air Blank	0.000	12:16
Cal Check	0.101	12:17
Air Blank	0.000	12:18
Cal Check	0.101	12:18
Air Blank	0.000	12:19
Cal Check	0.101	12:20
Air Blank	0.000	12:20
Cal Check	0.101	12:21
Air Blank	0.000	12:21
Cal Check	0.101	12:22
Air Blank	0.000	12:23
Cal Check	0.101	12:23
Air Blank	0.000	12:24
Cal Check Stats		
Average	0.1011	
Std Dev	0.0003	
Rel Std Dev(%)	0.3127	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 06/08/2021	Concentration: 0.10
Lot No.: 21190	Expiration Date: 06/08/2023	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 23020	



12/17

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

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 12:28

Test	g/210L	Time
Air Blank	0.000	12:29
Cal Check	0.201	12:29
Air Blank	0.000	12:30
Cal Check	0.200	12:31
Air Blank	0.000	12:31
Cal Check	0.201	12:32
Air Blank	0.000	12:33
Cal Check	0.201	12:33
Air Blank	0.000	12:34
Cal Check	0.201	12:35
Air Blank	0.000	12:35
Cal Check	0.201	12:36
Air Blank	0.000	12:36
Cal Check	0.201	12:37
Air Blank	0.000	12:38
Cal Check	0.200	12:38
Air Blank	0.000	12:39
Cal Check	0.201	12:40
Air Blank	0.000	12:40
Cal Check	0.200	12:41
Air Blank	0.000	12:41
Cal Check Stats		
Average	0.2007	
Std Dev	0.0004	
Rel Std Dev(%)	0.2406	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 12/03/2020	Concentration: 0.20
Lot No.: 20510	Expiration Date: 12/03/2022	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 23020	

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 16, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0237% (w/vol) ethyl alcohol. The expiration date for this lot number is April 7, 2023 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.

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.

RCV'D
8/26/21
CP

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSISACV'D
8/26/21
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21070** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 2, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0488%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 1, 2023** at 11:59 PM.

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

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

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08211802 whose values are traceable to NIST.

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

**GUTH LABORATORIES, INC.**

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CERTIFICATE OF ANALYSISRCV'D
8/26/21
CP**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number 21190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on June 9, 2021, 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 June 8, 2023 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.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST.

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

**GUTH LABORATORIES, INC.**

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CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20510** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 7, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.2419% (w/vol) ethyl alcohol. The expiration date for this lot number is December 3, 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.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

RCV'D
8/26/21
CP

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN06231703 whose values are traceable to NIST.

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

<u>Location Returned From</u> Lindsay PD	<u>Unit Serial #</u> 80-004888	<u>Date:</u> 17/17 3/31/22
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Inventory Process

Unit checked in to BOT Unlink Gas Canister from Unit Old Cylinder #: 05620080A2-020
 New Unit Checked out Remove old cylinder from unit (After Lab Evaluation) Old cylinder disposed in inventory Old cylinder archived

Check in Procedure

Connect unit to ethernet connection 172.019.004. 142
 Download any stored records 7
 Change unit location to Serial number
 Update Unit Date and time
 Previous time: 4/1/22 0820
 New Time: 4/1/22 0823

Execute a new Forms load on the unit

Notes from the Field

Routine Swap Issues in the Field

Lab Evaluation

Breath Hose Hold Vacuum?: Test Chamber Hold Vacuum?:

DVM

3µm 13002 Chamber Temp 47.00 Snap Test ok?
9µm 13566 Breath Hose Temp 45 RFI Detected?

Peripheral Tests

Speaker (F5) Power LED Green (F6) Red (F7) Fan (F9)
Gas Regulator (F11) Pump (F10) Receipt paper

Atmospheric Sensor

Pressure 960 Correction Factor 1.05 Flow Sensor Resistance 222 Tank Sensor Value 1006 Is regulator close to Tank Sensor Value? Yes / No

Sent to CMI (If needed) Reason Sent

Date Sent _____
Invoice Sent _____
Date Returned _____

Repairs needed:

Repairs Made:

Ready for Bench Check?

<u>Inventory Process</u> <input type="checkbox"/> Linked Cylinder to Unit <input type="checkbox"/> Changed Unit Status <input type="checkbox"/> Bench Check Report Completed	<input type="checkbox"/> Bench Check Technician Report <input type="checkbox"/> Mock Subject Test Completed <input type="checkbox"/> Certificate of Calibration and Operation <input type="checkbox"/> Service Overview Completed	<u>To complete if unit sent to CMI</u> <input type="checkbox"/> CMI Workorder <input type="checkbox"/> CMI Certificate of Calibration _____ <input type="checkbox"/> CMI Service Evaluation Form
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