

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-004423, 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 November 6, 2018 Signed [Signature]  
Technician



316 East 9th Street  
Owensboro, KY 42303  
USA

Part No. 650517 Rev.A

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

BENCH CHECK DATE <b>11/27/2018</b>	TIME PROCEDURE BEGAN <b>15:02</b>	INSTRUMENT LOCATION <b>ALPHA INSTRUMENT 2</b>
INSTRUMENT TYPE <b>Intoxilyzer</b>		INSTRUMENT SERIAL NUMBER <b>80-004923</b>
INSTRUMENT MODEL <b>I-8000</b>		

**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	0.018	0.019
.04	0.039	0.038	0.039
.10	0.096	0.095	0.097
.20	0.191	0.190	0.193

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 <b>11-27-2018</b>
NAME <b>SMITH, JOSHUA</b>	PERMIT # <b>0000016837</b>



Board of Tests for Alcohol and Drug Influence  
Enhancing public safety by ensuring the accuracy and scientific reliability  
of blood and breath testing.

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

# BENCH CHECK TECHNICIAN'S REPORT

Date: 11 / 27 / 18 Start Time: 1500 End Time: 1615

## INSTRUMENT

Intoxilyzer Model 8000 Serial # 80-004923

## GAS CANISTER

LOT # N/A EXP Date N/A

## REFERENCE

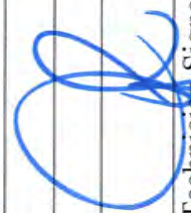
Intoxilyzer Model		Simulator Model	
Guth 2100	Guth 2100	Guth 2100	Guth 2100
DR3591	DR3753	DR3594	DR3754
.02	.04	.10	.20
18020	17410	18070	17340
01-09-2018	12-06-2017	02-26-2018	10-09-2017
01-09-2020	12-06-2019	02-26-2018	10-09-2019
<u>11-19-18</u>	<u>11-19-18</u>	<u>11-19-18</u>	<u>11-19-18</u>

## REASON FOR BENCH CHECK

- POST REPAIR  CYLINDER REPLACEMENT  
 TROUBLESHOOTING  ROUTINE MAINTENANCE

## COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 Technician Signature / Permit # 16837  
 Printed Name Josh Smith



**SERVICE WORK ORDER**

DATE 10-24-18  
 RCVD VIA CUS

316 E. 9<sup>th</sup> St., Owensboro KY 42303  
 Phone 866-835-0690  
 Fax: 270-685-6268

402859

**BILL TO:**

ATTN:

CITY STATE ZIP

CUSTOMER NO. 731362

PHONE

**SHIP TO:** UK Board of Tests

ATTN:

3600 N Mlking  
 Bldg 7

CITY OK STATE OK ZIP 73111

PHONE 405-425-2460

FAX 405-425-2490

MODEL # 8000 SERIAL # 80-004923 BILL CODE 1

EXTRA PARTS RCVD

DESCRIPTION OF PROBLEM  
 B1 gas study battery  
 mandatory calibration

**Infrared / Fuel Cell**  
 PRELIMINARY TEST INFORMATION

Alpha un. t, gold standard.  
 No issues found.

BATTERY-EXT NA V: INT 3.00 V

VERIFIED PROBLEM? Yes

WORK PERFORMED:  
 Performed system and update checks.

**Miscellaneous**  
 PRELIMINARY TEST INFORMATION

WORK PERFORMED:  
 184

PARTS USED		
QTY	PART NO.	DESCRIPTION

REPAIR	CAL. ADJ.	CALIBRATION	FINAL
GFW	GFP	GFP	GFP
1/2 HOURS 2	HOURS 0.5	HOURS 1.0	HOURS 1.0
DATE Nov 1, 18	DATE Nov 5, 18	DATE Nov 6, 18	DATE Nov 16, 18

SHIPPING STICKER HERE

SPECIAL SHIPPING INSTRUCTIONS

**CMI** INC.  
**Service Evaluation Form**

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

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

1. Contact information: Customer Number **731362** (contact Customer Service)

Name: **Board of Tests** Phone: **(405) 425 2460**

Fax: **(405) 425 2490** Email: **joshua.smith@bot.ok.gov**

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

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

3. Serial Number: **80-004923** Instrument Model: **Intoxilyzer 500 / 8000**

4. Detailed Description of Problem:

**Unit needs mandatory calibration. Alpha unit used for verifying dry gas canisters and wet bath solutions for BOT Offices.**

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

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

Authorized By:

**Joshua Smith**

Name (Please Print)

Breath Alcohol Testing  
Program Admin

Title

CMI, Inc

Signature

**10/18/2018**

Date

Ship to:

Attn: Service Dept.  
316 East Ninth Street

Owensboro, KY 42303

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

No, please send estimate before repairs are made.

Note: An estimate will be faxed before performing any repairs and may cause delays in service.  
An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.