



**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 80-004927, in compliance with the agency's Maintenance Policy and Procedures.

Signed 

Name of Position: Director/Records Custodian

Date of Attestation: 08/23/2022

# 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.



2/20

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

BENCH CHECK DATE: 08/23/2022

SERIAL: 80-004927

## DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Maintenance, Calibration and Operation
- Bench Check
- CMI Certificate of Calibration
- CMI Evaluation Form
- CMI Work Order
- BOT Dry Gas Certificate of Analysis
- Ilmo Specialty Gases Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis - Reference Solution (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. 80-004927 on 08/23/2022 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.: 03521080A3-031
  - BOT analysis average test result: 0.080
  - Cylinder expiration date: 03/05/2023
- 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 #			
DR2834	DR3694	DR2455	DR3470
Concentration			
.02	.04	.10	.20
LOT #			
21120	21070	22080	22050
Manufactured Date			
4/7/2021	3/1/2021	3/7/2022	2/7/2022
Expiration Date			
4/7/2023	3/1/2023	3/7/2022	2/7/2024
Solution Commission Date			
08/23/2022	08/23/2022	08/23/2022	08/17/2022

Completed by BOT Personnel:

  
\_\_\_\_\_  
Joshua Smith  
Signature/Name

\_\_\_\_\_  
State Director  
Title

Certified by:

  
\_\_\_\_\_  
Christopher Pape  
Signature Name

\_\_\_\_\_  
Breath Alcohol Testing Program Admin  
Title



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

BENCH CHECK DATE <b>08/23/2022</b>	TIME PROCEDURE BEGAN <b>10:27:0</b>	INSTRUMENT LOCATION <b>80-004927</b>
INSTRUMENT TYPE <b>Intoxilyzer</b>	INSTRUMENT MODEL <b>I-8000</b>	INSTRUMENT SERIAL NUMBER <b>80-004927</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	0.019	0.018	0.020
.04	0.039	0.037	0.040
.10	0.101	0.099	0.102
.20	0.198	0.195	0.196

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>08/23/2022</b>
NAME <b>SMITH, JOSHUA C</b>	PERMIT # <b>16837</b>



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

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Chairman

Post Office Box 36307  
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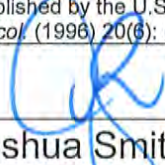
Joshua Smith  
Director

**Certificate of Analysis – Dry Gas**

ALPHA INSTRUMENT  
Intoxilyzer – Alcohol Analyzer  
Model 8000 SN 80-002591  
08/23/2022 10:36

Test	g/210L	Time
Air Blank	0.000	10:36
Cal Check	0.079	10:37
Air Blank	0.000	10:37
Cal Check	0.080	10:38
Air Blank	0.000	10:38
Cal Check	0.079	10:38
Air Blank	0.000	10:39
Cal Check	0.080	10:39
Air Blank	0.000	10:40
Cal Check	0.079	10:40
Air Blank	0.000	10:41
Cal Check	0.080	10:41
Air Blank	0.000	10:42
Cal Check	0.080	10:42
Air Blank	0.000	10:42
Cal Check	0.080	10:43
Air Blank	0.000	10:43
Cal Check	0.080	10:44
Air Blank	0.000	10:44
Cal Check	0.080	10:44
Air Blank	0.000	10:45
Cal Check Stats		
Average	0.0797	
Std Dev	0.0004	
Rel Std Dev (%)	0.6060	

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

Manufacturer: <b>ILMO</b>	Manufacturer Cert. No.: <b>13683</b>	Cylinder Size: <b>105L</b>
Lot No.: <b>03521080A3</b>	Cylinder No.: <b>031</b>	Expiration Date: <b>03/05/2023</b>
<p>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].</p>		
Signature: 		Date: <b>08/23/2022</b>
Name: <b>Joshua Smith</b>		Permit No.: <b>16837</b>



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: 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]	

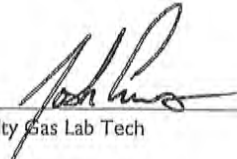
Distributed by:

CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

\*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

02-23-2021  
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.



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

7/20

Section 1

ARREST DATE <b>08/23/2022</b>		ARREST TIME <b>1100</b>		COUNTY # <b>55</b>	CITY #	CITATION #	
ARREST LOCATION <b>NONE</b>				CITY <b>NONE</b>		COUNTY <b>OKLAHOMA</b>	
SUBJECT NAME <b>MOCK, SUBJECT TEST</b>			DATE OF BIRTH <b>09/09/1999</b>		SEX <b>M</b>	HEIGHT <b>510</b>	WEIGHT <b>190</b>
ADDRESS <b>MOCK</b>			CITY <b>MOCK</b>		STATE <b>OK</b>	ZIP CODE <b>99999</b>	
DRIVER LICENSE # <b>MOCK</b>		EXPIRATION DATE <b>09/02/2022</b>		STATE <b>OK</b>	CLASS <b>D</b>	RESTRICTIONS <b>NONE</b>	ENDORSEMENTS <b>NONE</b>
VEHICLE MAKE <b>NONE</b>		MODEL <b>NONE</b>		TAG # <b>NONE</b>		STATE <b>OK</b>	CMV <b>N</b>
						PLACARD <b>N</b>	

On the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, turnpike, public parking lot, or other public place, or upon a private road, street, alley or lane which provides access to one or more single or multi-family dwelling within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law.

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST. POST REPAIR, NEW GAS CANISTER INSTALL.**

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

**NONE**

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

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

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-004927</b>	SPECIALIST <b>BOARD OF TESTS</b>	
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>	
MANUFACTURER <b>ILMO</b>		LOT # <b>03521080A3</b>	DATE CYLINDER INSTALLED <b>08/23/2022</b>	DATE CYLINDER EXPIRES <b>03/05/2023</b>
OBSERVATION START <b>1110</b>	TEST DATE <b>08/23/2022</b>	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;">               SIGNATURE OF OPERATOR         </p>		
RESULT TABLE				
Test	g/210L	Time		
Air Blank	0.00	11:29		
Subject Test	0.00	11:29		
Breath Volume	1.878 LITERS			
Air Blank	0.00	11:29		
Wait		11:31		
Air Blank	0.00	11:32		
Subject Test	0.00	11:32		
Breath Volume	1.562 LITERS			
Air Blank	0.00	11:33		
Cal Check	0.07	11:33		
Air Blank	0.00	11:34		
NAME <b>SMITH, JOSHUA</b>		PERMIT # <b>16837</b>		
BADGE #		AGENCY <b>BOT</b>		



Test Result BrAC g/210L <h2 style="margin: 0;">0.00</h2>
--

**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: \_\_\_\_\_ 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 <b>SMITH, JOSHUA</b>		AGENCY <b>BOT</b>	
BADGE	AGENCY ADDRESS	ZIP CODE	PHONE



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

8/20

Section 1

ARREST DATE <b>08/23/2022</b>		ARREST TIME <b>1100</b>		COUNTY # <b>55</b>	CITY #	CITATION #	
ARREST LOCATION <b>NONE</b>				CITY <b>NONE</b>	COUNTY <b>OKLAHOMA</b>		
SUBJECT NAME <b>MOCK, SUBJECT TEST</b>			DATE OF BIRTH <b>09/09/1999</b>	SEX <b>M</b>	HEIGHT <b>510</b>	WEIGHT <b>190</b>	
ADDRESS <b>MOCK</b>		CITY <b>MOCK</b>		STATE <b>OK</b>	ZIP CODE <b>99999</b>		
DRIVER LICENSE # <b>MOCK</b>		EXPIRATION DATE <b>09/02/2022</b>	STATE <b>OK</b>	CLASS <b>D</b>	RESTRICTIONS <b>NONE</b>	ENDORSEMENTS <b>NONE</b>	
VEHICLE MAKE <b>NONE</b>		MODEL <b>NONE</b>	TAG # <b>NONE</b>		STATE <b>OK</b>	CMV <b>N</b>	PLACARD <b>N</b>

On the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, turnpike, public parking lot, or other public place, or upon a private road, street, alley or lane which provides access to one or more single or multi-family dwelling within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law.

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST. POST REPAIR, NEW GAS CANISTER INSTALL.**

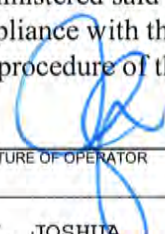

Describe person's condition (odor, actions, etc.):

**NONE**

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

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

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-004927</b>	SPECIALIST <b>BOARD OF TESTS</b>	
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>	
MANUFACTURER <b>ILMO</b>		LOT # <b>03521080A3</b>	DATE CYLINDER INSTALLED <b>08/23/2022</b>	DATE CYLINDER EXPIRES <b>03/05/2023</b>
OBSERVATION START <b>1110</b>	TEST DATE <b>08/23/2022</b>	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;">               SIGNATURE OF OPERATOR         </p> <p>NAME <b>SMITH, JOSHUA</b></p> <p>BADGE # _____ PERMIT # <b>16837</b></p> <p>AGENCY <b>BOT</b></p>		
RESULT TABLE				
Test	g/210L	Time	  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                 Test Result BrAC g/210L <b>0.00</b> </div>	
Air Blank	0.00	11:29		
Subject Test	0.00	11:29		
Breath Volume	1.878 LITERS			
Air Blank	0.00	11:29		
Wait		11:31		
Air Blank	0.00	11:32		
Subject Test	0.00	11:32		
Breath Volume	1.562 LITERS			
Air Blank	0.00	11:33		
Cal Check	0.07	11:33		
Air Blank	0.00	11:34		

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 <b>SMITH, JOSHUA</b>		AGENCY <b>BOT</b>	
BADGE	AGENCY ADDRESS	ZIP CODE	PHONE

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE



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

**This form MUST be completed and enclosed with item to be serviced.**  
**\*\*\* Hazardous Material Warning! – DO NOT return gas cylinder with instrument! \*\*\***

Note: Please ship items in their original shipping container.

**Contact information:**

**Name** Chris Pape **Phone:** ( 405 ) 425-2460  
**Email:** christopher.pape@bot.ok.gov **Customer #** 731362 (contact Customer Service)

**Your Billing Address**

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Credit Card/PO #:** \_\_\_\_\_  
**Name on Card:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Your Shipping Address**

**Agency Name:** Board of Tests  
**Address:** 3600 N ML King, Bldg 9  
**City:** Oklahoma City **State:** OK **Zip:** 73111  
**Contact Person:** Chris Pape  
**Contact Phone:** (405) 425-2460  
**Email:** christopher.pape@bot.ok.gov

**Instrument Serial Number:** 80-004927

**Detailed Description of Problem:**

Unit will not POST. Both data flash chips have been replaced but still not posting.

Note: For instruments not under warranty, an evaluation fee of \$83.00 (infrared and I-200) or \$43.50 (fuel cell), plus return shipping cost, will apply to all service items.

I authorize all repairs up to \$500 to be performed.

After repair, add "Certificate of Calibration" for:  S-D2, S-D5, and I-800 (\$19)  
 I-200, I-240, I-300, I-400, and I-600 (\$39)

**Authorized By:**

Chris Pape Breath Testing Admin  
**Name (Please Print)** **Title**  
 6/9/2022  
**Signature** **Date**

Ship item to:

**CMI, Inc.**  
**Attn: Service Dept.**  
**316 East Ninth Street**  
**Owensboro, KY 42303**

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-064927, 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 Aug 9, 2022 Signed [Signature]  
Technician



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

Part No. 650517 Rev.A





## SERVICE WORK ORDER

DATE: 6/24/2022

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

407072

**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  
Blvd Adcu Annex Bldg #9  
3600 Martin Luther King  
Oklahoma City OK 73136-3000  
USA  
Phone: 405-425-2424**MODEL #:** 0024800K**Serial Number:** 80-004927**BILL CODE:** Out of Warranty**EXTRA PARTS RCVD:**

BH, KB, BATTERY COVER, GAS SHELF W/REG

**DESCRIPTION OF PROBLEM**

UNIT WILL NOT POST. BOTH DATA FLASH CHIPS HAVE BEEN REPLACED BUT STILL NOT POSTING.

**WORK PERFORMED:**

Data Flash/Corrupted; Display/Dim; Power Supply/Noisy; Pump/Broken; Replaced all parts listed; Calibrated and Final Tested; Software 8133.15.00;

**PARTS USED**

Seq. No.	Part	Description	Quantity
70	320643	HDR,14PIN,2ROW,.100CC,4-SIDED	1.00 EA
100	650517	CERTIFICATE OF CALIBRATION	2.00 EA
110	441169	COVER DUST,5/8in x 1/2in	1.00 EA
112	120094	PWR SPLY,12V,6.8A,80W,EOS	1.00 EA
115	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	2.00 EA
117	140112	DISPLAY,2x20 VFD 9MM	1.00 EA
120	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
130	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
135	021297	PUMP ASSY,I8000	1.00 EA
140	470218	SEAL,TAMPER EVIDENT,SERVICE	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:** Hayden Schweikardt

SRV4070720001





12/20

### 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 11:33

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: <b>Guth</b>	Manufactured Date: <b>04/07/2021</b>	Concentration: <b>0.02</b>
Lot No.: <b>21120</b>	Expiration Date: <b>04/07/2023</b>	Equipment Model: <b>Guth 2100</b>
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: <b>03/08/2022</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	





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

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

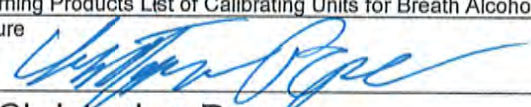
Post Office Box 36307  
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Phone: (405) 425-2460 Fax: (405) 425-2490  
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Joshua Smith  
Director

#### 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: <b>Guth</b>	Manufactured Date: <b>03/01/2021</b>	Concentration: <b>0.04</b>
Lot No.: <b>21070</b>	Expiration Date: <b>03/01/2023</b>	Equipment Model: <b>Guth 2100</b>
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: <b>03/08/2022</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	



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**Certificate of Analysis – Reference Solution**

ALPHA INSTRUMENT

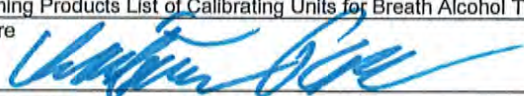
Intoxilyzer - Alcohol Analyzer

Model 8000 SN 80-002591

06/27/2022 11:40

Test	g/210L	Time
Air Blank	0.000	11:40
Cal Check	0.100	11:41
Air Blank	0.000	11:41
Cal Check	0.100	11:42
Air Blank	0.000	11:43
Cal Check	0.100	11:43
Air Blank	0.000	11:44
Cal Check	0.100	11:45
Air Blank	0.000	11:45
Cal Check	0.100	11:46
Air Blank	0.000	11:47
Cal Check	0.101	11:47
Air Blank	0.000	11:48
Cal Check	0.101	11:49
Air Blank	0.000	11:49
Cal Check	0.101	11:50
Air Blank	0.000	11:50
Cal Check	0.100	11:51
Air Blank	0.000	11:52
Cal Check	0.100	11:52
Air Blank	0.000	11:53
Cal Check Stats		
Average	0.1003	
Std Dev	0.0004	
Rel Std Dev(%)	0.4815	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.

Manufacturer: Guth	Manufactured Date: 03/07/2022	Concentration: 0.10
Lot No.: 22080	Expiration Date: 03/07/2024	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: 06/27/2022	
Name: Christopher Pape	Permit No.: 23020	





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**Certificate of Analysis – Reference Solution**

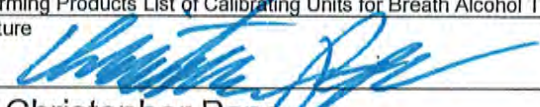
ALPHA INSTRUMENT

Intoxilyzer - Alcohol Analyzer

Model 8000 SN 80-002591

06/27/2022 11:11

Test	g/210L	Time
Air Blank	0.000	11:11
Cal Check	0.199	11:12
Air Blank	0.000	11:12
Cal Check	0.200	11:13
Air Blank	0.000	11:14
Cal Check	0.200	11:14
Air Blank	0.000	11:15
Cal Check	0.200	11:16
Air Blank	0.000	11:16
Cal Check	0.201	11:17
Air Blank	0.000	11:17
Cal Check	0.200	11:18
Air Blank	0.000	11:19
Cal Check	0.201	11:19
Air Blank	0.000	11:20
Cal Check	0.200	11:21
Air Blank	0.000	11:21
Cal Check	0.200	11:22
Air Blank	0.000	11:23
Cal Check	0.201	11:23
Air Blank	0.000	11:24
Cal Check Stats		
Average	0.2002	
Std Dev	0.0006	
Rel Std Dev(%)	0.3159	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: <b>Guth</b>	Manufactured Date: <b>02/07/2022</b>	Concentration: <b>0.20</b>
Lot No.: <b>22050</b>	Expiration Date: <b>02/07/2024</b>	Equipment Model: <b>Guth 2100</b>
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: <b>06/27/2022</b>	
Name <b>Christopher Pape</b>	Permit No.: <b>23020</b>	

**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 ANALYSIS**RCV'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.**

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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2024** 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.

RCVD  
5/9/2022  
CP

*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.**

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

**CERTIFICATE OF ANALYSIS**

 RCVD  
 5/9/2022  
 CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22050** ✓ of  
 Alcohol Reference Solution for Simulator were analyzed by  
 gas chromatography on **February 9, 2022**, using a Perkin Elmer Gas  
 Chromatograph Autosystem XL S/N: 610N9030209, and found to contain  
**0.2437%** (w/vol) ethyl alcohol. The expiration date for this lot  
 number is **February 7, 2024** 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.

*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.

Location Returned From Chickasha PD	Unit Serial # 80-004927	Date: 5/13/22
--	----------------------------	------------------

Inventory Process

Old Cylinder #: 28021080A2-012

Unit checked in to BOT     Unlink Gas Canister from Unit     Old Cylinder disposed in inventory

New Unit Checked out     Remove old cylinder from unit (After Lab Evaluation)     Old cylinder archived

Check in Procedure

Connect unit to ethernet connection 172.019.004. \_\_\_\_\_

Download any stored records \_\_\_\_\_

Change unit location to Serial number

Update Unit Date and time

Previous time: \_\_\_\_\_

New Time: \_\_\_\_\_

Execute a new Forms load on the unit

Notes from the Field

Routine Swap     Issues in the Field

Unit will not POST.

Lab Evaluation

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

DVM

3µm 12792    Chamber Temp 47    Snap Test ok?

9µm 12909    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 975    Correction Factor 1.03    Flow Sensor Resistance 210    Tank Sensor Value \_\_\_\_\_

Is regulator close to Tank Sensor Value?    Yes  / No

Sent to CMI (If needed)    Reason Sent

Date Sent 6/9/22    Unit will not POST. Both data flash chips have been replaced but still not posting.

Invoice Sent 7/8/2022

Date Returned 8/16/2022

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	<input checked="" type="checkbox"/> To complete if unit sent to CMI <input checked="" type="checkbox"/> CMI Workorder <input checked="" type="checkbox"/> CMI Certificate of Calibration <u>8-9-2022</u> <input checked="" type="checkbox"/> CMI Service Evaluation Form
---	--	---