

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

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

Joshua Smith Director

ATTESTATION

I, the undersigned *Joshua Smith* (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 (11)(a) this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the regularly conducted business activity of the Board; and was made pursuant to the regularly conducted activity. The duplicate record provided is listed below:

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 V

Name of Position: Director/Records Custodian

Date of Attestation:

Service Overview



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

BENCH CHECK DATE: 03/29/2022

SERIAL: 80-005046

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)



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

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. <u>80-005046</u> on <u>03/29/2022</u> 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.: 11821080A2-011
 - BOT analysis average test result: <u>0.079</u>
 Cylinder expiration date: <u>06/05/2023</u>

3. 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#	X X		au au
21120	21070	21190	20510
Manufactured Date		7	
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		- 10 100 110 110	A L R Spr. Live
03/08/2022	03/25/2022	03/25/2022	03/08/2022

Comp	loted	by	ROT	Personne	ŀ
COHID	leteu	DV		reisonne	1.

Christopher Pape

Breath-Alcohol Testing Program Administrator

Title

Certified by

Signature

Signature/Name

Joshua Smith Name State Director Title

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

ENCH CHECK DATE 03/29/2022	14:C		- NO. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		046		
Intoxilyzer		INSTRUMENT MODEL I - 8000			80-00.		
		TES	T RESI	JLTS			
Diagnost PASS Mouth Alcoh PASS RFI Tes PASS	ol Test S						
			Dupli	cate Breath	Sampling Re	sults	
Abort Te PASS		Va	lue	Test 1	Test 2	Control Test	
Improper Sam PASS		. ()2	0.017	0.017	0.018	
Interferent Det	ect Test	. ()4	0.037	0.038	0.039	
PASS		1	.0	0.099	0.098	0.098	
No Sample Giv		1	20	0.200	0.197	0.195	
Insufficient Sar PASS Air Blank Contam PASS	ination Test			PA	SS		
Range Exceed							
		CERTIFY	ING TE	CHNICIAN			
I swear under penalt the Intoxliyzer Bend					f Oklahoma.		
GIGNATURE					DATE		

PAPE,

CHRISTOPHER

0000023020



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 - Dry Gas

ALPHA INSTRUMENT 2

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-004923

03/29/2022

13:31

Test	g/210L	Time
Air Blank	0.000	13:31
Cal Check	0.080	13:31
Air Blank	0.000	13:32
Cal Check	0.079	13:32
Air Blank	0.000	13:33
Cal Check	0.079	13:33
Air Blank	0.000	13:34
Cal Check	0.080	13:34
Air Blank	0.000	13:35
Cal Check	0.080	13:35
Air Blank	0.000	13:35
Cal Check	0.079	13:36
Air Blank	0.000	13:36
Cal Check	0.079	13:37
Air Blank	0.000	13:37
Cal Check	0.079	13:37
Air Blank	0.000	13:38
Cal Check	0.080	13:38
Air Blank	0.000	13:39
Cal Check	0.079	13:39
Air Blank	0.000	13:40
Cal Check Stats		
Average	0.0794	
Std Dev	0.0005	
Rel Std Dev(%)	0.6503	

Known Breat	h-Alcohol Equivalent (g/210L) Ratio of Nitrogen and 0.08 g/210L = 208 PPM ÷ 2605*			
Manufacturer: ILMO	Manufacturer Cert. No.: 13921	Cylinder Size: 105L		
Lot No.: 11821080A2	821080A2 Cylinder No.: 011 Expiration Date: 06/05/2023			
calibrating unit in accordance with 47 O.S.	759, 40 OAC 25-1-3, and appears on the current confo of Transportation in the Federal Register [77 FR 64588	reference standard meets the requirements for use as a corming products list of calibrating units for breath alcohol et seq]. * See Dubowski, K.M. and Essary N., Journal of		
Signature A	Date: 03/29	Date: 03/29/2022		
Name Christopher Pape	Permit No.: 23	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:

13921

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

11821080A2

Expiration:

6/5/2023

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

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Analytical

Reported

Accuracy

Analytical

Component:

Concentration:

(U, k=2):

Method:

Ethanol. Nitrogen 208 ppm Balance +/-0.002 BAC(G/210L) NDIR

[5.2 ppm]

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690

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



Accreditation #61895

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.

OFF

CER'S AFFIDAVIT AND NOTICE OF	7/1
TIO CAMPONIMICONAL TRICAMPIONI	

ARREST DATE		RREST TIME		COUNTY #		CITY#	CITAT	ION#		Section
03/29/2022 RREST LOCATION		1430		55	ICITY		_	Cour	VTY	
BOT								OI	KLAHOI	MA
JBJECT NAME	AT DUA				DAT	1/01/1		EX M	HEIGHT 510	WEIGHT 150
BREATHTEST	, ALPHA		ICITY		10	1/01/1	STATE		ZIP CODE	
3600 MARTI	N LUTHER	KING A		AHOMA C	YTI		OF		731	
RIVER LICENSE #				10/31	ATE	STATE	CLASS	REST	RICTIONS	NDORSEME
B083462869 EHICLE MAKE		IMODEL		10/31	/ 202.	2 OK	D	STATE	CMV F	PLACARD
MOCK		MOCK	Marian Company			MOCK		OK	N	N
ghway, street, turnpike, public fluence of alcohol and/or other bescribe driving behavior or circ MOCK SUBJECT escribe person's condition (odc. POST REPAIR M	intoxicating substances a cumstances): TEST or, actions, etc.):	. place, or upon a privati s: prohibited by law.	e road, street, alley o	tane which provides	access to o	ne or more single	or multi-tamily	dwelling with	n this state wh	ile under the
		THE PERSON	WAS INFORMED OF	THE IMPLIED CON	SENT TEST	T REQUEST				
REATH-ALCOHOL ANALYSIS	RECORD, REPORT OF				ST AND MA	INTENANCE REC	ORD.			Section
QUIPMENT			NUMBER -005046	BOARD	OF T	ESTS				
I-8000 TANDARD		80	TARGET VALUE		PERMIT NO					
Dry			0.080		2302	20			11.	
ANUFACTURER			LOT#	00070	DATE CYLI	NDER INSTALLE	D		DER EXPIRES	
ILMO bservation start [test	DATE		1	080A2		29/2022		06/0	5/202	3
1445 03	3/29/2022			ute (or greater)						
ESULT TABLE	127/2022		100000000000000000000000000000000000000	was observed p			ıg	1.0	THE ST	TAN .
Test	g/210L	Time	to	the time of tes	st admin	istration.		13	**/*	TEN .
Subject Test Breath Volume Air Blank Wait Air Blank Subject Test Breath Volume Air Blank	0.00 2.101 LITERS 0.00 0.00 0.00 2.015 LITERS 0.00	15:04 15:06 15:06 15:06	proc	edure of the	1.1		ting	CONTRAT 8	1907	
Cal Check	0.08	15:07	NAME						Test Re	sult
Air Blank	0.00	15:08	PAPE, C	HRISTOPHE	R PERMIT#				BrAC g/2	
			0000000	0484		0023020)			0
			AGENCY BOARD O	F TESTS				1000	0.0	U
FFECTIVE THIRTY (30) DAY ays or more, if you refused or perating a CMV or CDL hold as a result of this arrest by filling ou may be eligible to partic vocation as a result of this quest IDAP within thirty (3 ERVING OF NOTICE: ccountability Program to	r failed the state's test(s er) OR a test result of a grapetition in the Distri- cipate in the Impaired a arrest from appearing 0) days of the date list I personally hand of). In addition, your co pay or more while opers of Court of the County Driver Accountability g on your driving rec ted below. Mail the r lelivered a copy of	mmercial driving pri ating a commercial r in which you were a Program (IDAP) a ord. Participation equest for IDAP to the above conta	vilege in this state vertices. You arrested. Your petit idministered by the in IDAP may reduct the Department of the Dep	will be disque may appea ion must be e Departme ce the amo f Public Sa	alified if you refu il any Departmen e filed within thirty ent of Public Sa bunt of fees you afety at P.O. Box	sed or failed tal action ago (30) days or fety (DPS). will be requ (11415, Okla	the state's te ainst your dri the date list Completion ired to pay t ahoma City,	st(s) ver license ed below. of IDAP may to the State. OK 73136.	You must
ate served:		Signature of officer						Badge #:		
accordance with Title	12 O.S. Section 426	i, "I state under pe	nalty of perium	v under the laws	of Oklah	oma that the	foregoina i	s true and	correct."	Section
ite:		when signed):	, Friday	30.75.71.37.38.190.11.9		ure of arrestin				
ME	STOPHER			AGENCY BOARD	0.7.27.10	TESTS				
DGE CHRI	AGENCY ADDRESS			BOARD	OF	ZIP CODE	PHONE		1112.4	
000000484	INTER-AC	ENCY				0000		54252	2460	
THER WITNESSES:										Section
NAME			TITLE	ADDRESS			P	HONE		
L			TITLE	ADDRESS				ONE		
NAME			TITLE	ADDRESS			P	ONE		

DE

CER'S AFFIDAVIT AND NOTICE OF	0/10
VOCATION/DISQUALIFICATION	

REPATHTEST, ALPHA ADDRESS 3600 MARTIN LUTHER KING A OKLAHOMA CITY BORDA 462869 LOYALAHOMA CITY WHICLE MAKE MOCK The above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was individenced of alcohol and/or other industriance). WHOCK Subject TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST Describe person's condition (odor, actions, etc.): POST REPATR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST DESCRIPTION TO A BOO THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST DESCRIPTION TO ABOVE, and LOYAL TEST TO A BOO THE TIME IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST THE PER	CITY#	CITATION#		Section
DATE OF THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED person's Condition (odor, actions, etc.): POST REPAIR MAINTENANCE THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST SECRED PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAD AND ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND MAD ACTION 1 ABOVE, and LOG OF TEST AND ACTION 1 ABOVE, and LOG OF TEST AND ACTION 1 ABOVE ACTION 1 ABOVE ACTION 1 ABOVE, and LOG OF TEST ACTION 1 ABOVE ACTION 1 ABOVE ACTION 1 ABOVE ACT		-	COUNTY	al as
DREATHTEST, ALPHA DOPORESS 36 00 MARTIN LUTHER KING A CITY WIVER LICENSE # BO 83 46 28 69 ENCLEMANCE MOCK WOCK WOC	DATE OF BIRTH	lony	OKLAHO	
SERVATION START TEST DATE LAT Blank O.00 SERVATION START TEST DATE SERVATION START TEST DATE LAT Blank O.00 SID Jet Test GAL Blank O.00 SID Jet Time SERVATION START TEST DATE SERVATION START TEST DATE SLAT Blank O.00 SID Jet Test O.00 SID Jet T	01/01/198	the state of the s	51	0 150
Indicate Make Model		OK	73	111
MOCK the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was through the person was the description of the public place, or upon a private road, street, alley or lane which provides access to o sense of acchord and/or other microstening substances as prohibited by law. **The PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST** **POST REPAIR MAINTENANCE** **THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST** **POST REPAIR MAINTENANCE** **POST REPAIR MAINTENAN	22 OK	D D	RESTRICTIONS	ENDORSEMEN
the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was way, street, tumples, public parking lock or other public place, or upon a private road, street, altey or lane which provides access to o ence of alcohol and/or other intoxicating substances as prohibited by law. **TOTAL CORREST OF TEST** COCK SUBJECT TEST** COCK SUBJECT** COCK SUBJECT*	MOCK		OK N	PLACARD N
THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEXT EATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MA UNIPMENT 1 8000 80 000 15 000 23 000 NAMADRD OLTY NUFACTURER LIMO NUFACTURER LOT# 0.080 23 000 LOT# 11821080A2 03 /2 A 15-minute (or greater) deprive period was observed prior to a to the time of test admin The servation start Test date A15 Hank 0.00 15:03 Breath Volume 2.101 LITERS Bireath Volume 2.101 LITERS Air Blank 0.00 15:06 Breath Volume 2.101 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:07 Cal Check 0.08 15:07 Cal Ch				
THE FERSON WAS INFORMED OF THE IMPLIED CONSENT TEST EATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MA UIDIPMENT L 8000 80-005046 BOARD OF T ANDARD O. 080 2300 CONTY NUFACTURER LOT# OATE CYLL LOT# 11821080A2 3/2 A 15-minute (or greater) deprive period was observed prior to a to the time of test admin Test g/210L Time Air Blank 0.00 15:03 Breath Volume 2.101 LITERS Air Blank 0.00 15:04 Bare th Volume 2.101 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:07 Cal Check 0.08 15:07 Cal Check 0.08 15:07 Cal Check 0.08 Cal Check 0.08 15:07 Cal Check 0.08 Cal Check 0.09 Cal Check 0.00 Cal Check 0				
EATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MARDER IN SECTION 1 ABOVE, and LOG OF TEST ABOVE AND LOG OF TEST AND MARDER IN SECTION 1 ABOVE AND LOG OF TEST AND LOG OF TE				
A 15-minute (or greater) deprive period was observed prior to a to the time of test admin procedure of the Bank 0.00 15:03 Breath Volume 2.101 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:07 Cal Check 0.08 15:07 Air Blank 0.00 15:08 Breath Volume 2.015 LITERS Air Blank 0.00 15:08 Breath Volume 2.015 LITERS Air Blank 0.00 15:07 Cal Check 0.08 15:07 FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given this your driver's license is revoked as or more. if you relused or falled the state's test(s). In addition, your commercial driving privilege in this state will be disquerating a CMV or CDL holder) OR a test result of 0.4 or more white operating a commercial motor vehicle. Your may appea 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 unay be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Sa (ERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation as result of this part of the Dunty in which you were arrested. Your petition must be countability Program to the person named in Section 1 above. **ERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation as result of this part of the Dunty in which you were arrested. Your petition in Section 1 above. **ERVING OF NOTICE: I personally hand delivered a copy of the above containing t	Control Circular			
SERIAL NUMBER SPECIALIST	J. C. C. C. S. J. C.	n .		Sectio
ANDARD DTY O.080 2302 ILOT# O.080 2302 ILOT# DATE CYLL	O Bi Auto			Sectio
ANUFACTURER ILMO SERVATION START 1445 O3/29/2022 SULT TABLE Test G/210L Time Air Blank 0.00 Breath Volume 2.101 LITERS Air Blank 0.00 Subject Test 0.00 Breath Volume 2.101 LITERS Air Blank 0.00 Subject Test 0.00 Breath Volume 2.101 LITERS Air Blank 0.00 Subject Test 0.00 Breath Volume 2.101 LITERS Air Blank 0.00 Subject Test 0.00 Breath Volume 2.101 LITERS Air Blank 0.00 Breath Volume 2.015 LITERS Air Blank 0.00 AGENCY BOARD OF TESTS FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that ordiver's license is revoked year or more, if you refused or falled the state's test(s). In addition, your commercial driving privilege in this state will be disquested by the obspartment of this arrest by filing a pellion in the District Court of the County in which you were arrested. Your pellion must be unaway be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Sa ERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocuntability Program to the person named in Section 1 above. Alse: Signature of officer: accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklah alse: Place (location when signed): Signature	TESTS			
ALLEACTURER ILLMO SERVATION START TEST DATE 03/29/2022 SULT TABLE Test 9/210L Time Test G/210L Time Air Blank 0.00 15:03 Subject Test 0.00 15:03 Breath Volume 2.101 LITERS Air Blank 0.00 15:06 Subject Test 0.00 15:06 Air Blank 0.00 15:06 Air Blank 0.00 15:06 Air Blank 0.00 15:06 Signature of Perant FERMIT # O0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
A 15-minute (or greater) deprive period was observed prior to a to the time of test admin Test g/210L Time Air Blank 0.00 15:03 Breath Volume 2.101 LITERS Air Blank 0.00 15:04 Wait 15:06 Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 1.00 15:06 Breath Volume 1.00 15:06 Breath Volume 1.00 15:07 Cal Check 0.08 15:07 Air Blank 0.00 15:08 FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked yor more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disquerating a CMV or CDL holder) OR a test result of 0.04 or more while operating a commercial motor vehicle. You may appear a result of this arrest by filling a petition in the District Court of the County in which you were arrested. Your petition must be used to participate in the Impaired Driver Accountability Program (IDAP) administered said Breath-Accomplete in the Impaired Driver Accountability Program (IDAP) administered to the Department of Public Said RVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocations as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amore puest IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Said RVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocations are served: Signature of officer: accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahute: Place (location when signed): Signature of officer: Signature of officer: Signature of officer: Signature of officer:	/29/2022	DATE	CYLINDER EXPIR	RES
Test g/210L Time Air Blank 0.00 15:03 Breath Volume 2.101 LITERS Air Blank 0.00 15:04 Wait 15:06 Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 1:00 15:06 Breath Volume 1:00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 1:00 15:06 Breath Volume 2:015 LITERS Air Blank 0.00 15:07 Air Blank 0.00 15:07 Breath Volume 2:015 LITERS Air Blank 0.00 15:07 Brook of the Board of the Boa			5/05/20	23
Subject Test 0.00 15:03 compliance with the application of the Board State Blank 0.00 15:06 Air Blank 0.00 15:06 Subject Test 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:06 Breath Volume 2.015 LITERS Air Blank 0.00 15:07 Cal Check 0.08 15:07 Air Blank 0.00 15:08 PAPE, CHRISTOPHER BADGE# PAPE, CHRISTOPHER BADGE# PAPE, CHRISTOPHER BADGE# PAPE, CHRISTOPHER BADGE# POO 0.0000484 0.000 AGENCY BOARD OF TESTS FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked by or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disquiserating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appear 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 not may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of counts of the County in which you were arrested. Your petition must be not may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Counts of the County in which you were arrested by the Department of Public Sater VIDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Sater VIDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Sater VIDAP within thirty (30) days of the date listed below. Signature of officer:	o and continuing inistration.		OF THE	STAFF
Cal Check Air Blank 0.00 15:08 PAPE, CHRISTOPHER PERMIT# O 0 0 0 0 4 8 4 O 0 0 0 0 0 0 4 8 4 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	icable operatin		190	
PAPE, CHRISTOPHER BADGE # PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 0 4 8 4 PERMIT # 0 0 0 0 0 0 0 0 8 4 PERMIT # 0 0 0 0 0 0 0 0 0 8 4 PERMIT # 0 0 0 0 0 0 0 0 0 0 8 PERMIT # 0 0 0 0 0 0 0 0 0 0 0 0 8 PERMIT # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Test R	ecult
FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked ys or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disquerating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appea a result of this arrest by filling a petition in the District Court of the County in which you were arrested. Your petition must be unay be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Departme rocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amo puest IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public SaterVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the person named in Section 1 above. Signature of officer: Signature of officer: accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahute: Place (location when signed): Signature			BrAC g	
FECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked as or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disquerating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appea 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 unay be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department ocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amounts IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public SaterVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocumentability Program to the person named in Section 1 above. The served: Signature of officer: Signature of officer: Place (location when signed): Signature of Signature of Signature of Signature of Signature of Oklah	00023020		0.	00
ys or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disquerating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appea 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 u may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Sacraving OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the person named in Section 1 above. Signature of officer: Signature of officer: accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklah and the person of the signature of officer is the served of the section of the person of the laws of Oklah and the person of the signature of officer is the served of the section of the signature of Oklah and the section of t		40.8000147.5	Dr. Serial June.	Section
accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahate: Place (location when signed): Signature.	squalified if you refused of peal any Departmental act t be filed within thirty (30 treent of Public Safety Imount of fees you will s Safety at P.O. Box 114	or failed the staction against y) days of the d (DPS). Comp be required to 415, Oklahoma	ate's test(s) your driver license late listed below. pletion of IDAP m o pay to the State a City, OK 73136.	nay prevent a e. You must
ate: Place (location when signed): Signatu			dge #:	
	lahoma that the fore	going is true	e and correct."	Section
IAGENCY	ature of arresting of	ficer:		
	TESTS			
DGE AGENCY ADDRESS OOOOOOO484 INTER-AGENCY	ZIP CODE 00000	PHONE	252460	



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-Al	cohol 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
to 40 OAC 25-1-2.1. Approved breath-alco	pursuant to 40 OAC 30-1-3. The above NIST traceab ohol measurement equipment and reference solutions	and was performed in accordance with the procedures le reference solution meets the requirements for use pursuant s. Equipment used appears on the current or supplemented ned by the National Highway Traffic Safety Administration.
Name Christopher Pape	The state of the s	8/2022
Name Christopher Pape	Permit No.: 23	3020



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	

Manufacturer: Guth	Manufactured Date: 03/01/2021	Concentration: 0.04
Lot No.: 21070	Expiration Date: 03/01/2023	Equipment Model: Guth 2100
prescribed by the State Director of Tests to 40 OAC 25-1-2.1. Approved breath-ald	ia Infrared Spectroscopy utilizing the Intoxilyzer 8000 and v pursuant to 40 OAC 30-1-3. The above NIST traceable re- cohol measurement equipment and reference solutions. Eq Juits for Breath Alcohol Testers (72 FR 34747), published by Date:	ference solution meets the requirements for use pursuan uipment used appears on the current or supplemented by the National Highway Traffic Safety Administration.
1/Man 1P	03/08/2	0022



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-Alcoh	ol Equivalent (g/210L +/- 3%) Ratio of ethanol and v	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	
prescribed by the State Director of Tests purs to 40 OAC 25-1-2.1. Approved breath-alcohol	rared Spectroscopy utilizing the Intoxilyzer 8000 and w uant to 40 OAC 30-1-3. The above NIST traceable ref measurement equipment and reference solutions. Eq for Breath Alcohol Testers (72 FR 34747), published b	rerence solution meets the requirements for use pursuant	
Signature (Matth Asset)	Date:		
Name Christopher Pape	Permit No.: 2302	20	



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		7.27.45
Average	0.2007	
Std Dev	0.0004	
Rel Std Dev(%)	0.2406	

Manufacturer: Guth	Manufactured Date: 12/03/2020	Concentration: 0.20	
Lot No.: 20510	Expiration Date: 12/03/2022	Equipment Model: Guth 2100	
to 40 OAC 25-1-2.1. Approved breath-alc Conforming Products List of Calibrating U	a Infrared Spectroscopy utilizing the Intoxilyzer 8000 and w pursuant to 40 OAC 30-1-3. The above NIST traceable ref ohol measurement equipment and reference solutions. Equ uits for Breath Alcohol Testers (72 FR 34747), published b	erence solution meets the requirements for use pursuant	
Signature A	Date:	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 0200	Permit No.: 23020	



RCVD 8/26/21

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

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.

RCV'S 8/26/21 CA

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.



RCV'D \$/26/21 CP

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.

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		Unit Serial #	Date: 17/18
Jackson Co		80-005046	1/14/21
	Unlink Gas Canister from Remove old cylinder from	Old Cylinder #: 11821080A2-011 Unit Old cylinder disposed in inventory n unit (After Lab Evaluation) Old cylinder archi	ved
Check in Procedure ✓ Connect unit to ethernet conn ✓ Download any stored records ✓ Change unit location to Serial n ✓ Update Unit Date and time Previous time: 1/14/2022 New Time: 1/14/2022 13:4 ✓ Execute a new Forms load on the	13:45	Notes from the Field Routine Swap ✓ Issues in the Unit is reporting to have multiple Purge I	
9µm <u>13727</u> I	Chamber Temp <u>47.00</u> Breath Hose Temp <u>45</u>	RFI Detected?	
Gas Regulator (F11) Atmospheric Sensor	Power LED Green (F6) \checkmark Pump (F10) \checkmark Correction Factor $^{1.07}$	Red (F7) Fan (F9) Receipt paper Flow Sensor Resistance 194 Value 924	Is regulator close to Tank Sensor Value? / No
ent to CMI (If needed) Date Sent Invoice Sent Date Returned	Reason Sent		
Repairs needed: -Breath Hose Leaks -Check valve and pump -Slight leak in sample chamber.		Repairs Made: Replaced Breath hose Tightened Source Carrier Leak signiticantly reduce Fund & Check valve checke	exol ed 9 cool
nventory Process Linked Cylinder to Unit Changed Unit Status Bench Check Report Completed	☐ Bench Check Technicia ☐ Mock Subject Test Con ☐ Certificate of Calibratic ☐ Service Overview Com	an Report mpleted mon and Operation To complete if unit sent to Comp	ni

Instrument Setup (Bench Check):	18/18
Verify Date and Time.	Configure Start Test
Verify Location is serial number.	"Data Entry Mode" – DISABLED
Setup General Setup for Bench Check	"Start Test Seq" - ABAWABACA
"Display volume" - Y	Configure Standard
"Display third digit" - Y	"Select Std (D/W/I)" - W "Standard Value" - 0.100
"Display Prelim Rslt" - Y "Disable on Memfull" - Y	"Date of Maint" - Enter Current Date
"Modem or Net" - N	"Specialist" – Board of Tests "Permit Number" – Enter Permit number
"Enter IP Address" - 204.061.010.201 "Enter Port Number" - 10001	
"Enable Data Stream" – N	
D. L. C. L. H. M. C. L. H. OO OOEOAG	
Bench Check Unit Serial #: 80-005046	Solution Commission Date
Date: 3/29/22 Start Time: 400 End Time:	0.02 0.04 0.10 0.20
Canister #: 11821080A2-011 Exp. Date: 6/8/20	23 3/8/22 3/25/22 3/25/22 3/8/22
	eplacementTroubleshooting
Repairs Completed:	
Instrument Setup (Field Use):	
Verify Date and Time.	Configure Standard
Verify Location is serial number.	"Select Std (D/W/I)" - D
Setup General Setup for Bench Check	Please scan cylinder barcode or press Enter "Standard Value" – 0.### (Auto populated).
"Display volume" – Y "Display third digit" – N	"Standard Lot#" - (Auto populated).
"Display Prelim Rslt" - N	"Standard Manuf" — ILMO "Installation Date" — Enter Current Date
"Disable on Memfull" - Y "Modem or Net" - N	"Expiration Date" — (Auto populated).
"Enter IP Address" - 204.061.010.201	"Specialist" – Enter Board of Tests "Permit Number" <i>– Enter Permit Number</i>
"Enter Port Number" - 10001 "Enable Data Stream" - N	/ Fill Hate Number - Enter retime Number
Configure Start Test	Calibrate Tank sensor
"Data Entry Mode" – ENABLED	Install the canister
"Start Test Seq" – ABAWABACA	Check pressure reading of tank sensor.
	Is pressure reading close to regulator gauge?
———Run Mod	ck Subject Test———
Setup for Next Site: Noble Co. Moose PD	Connection Changed on Instrument
Name changed in COBRA.	☐ Gateway ☐ Agency Ethernet
Operator Database updated.	Internal IP Address:
Connection changed in COBRA.	
	Gateway Address:
	Port type set to "N"
Notes:	
Notes.	