



**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

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 80-005147 , in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 15 pages.

Signed \_\_\_\_\_

Name of Position: Director/Records Custodian

Date of Attestation: 02/02/2022

Supplemented 02/17/2022

# 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.



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

BENCH CHECK DATE: 02/02/2022

SERIAL: 80-005147

## 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
- Mock Subject Test
- BOT Certificate of Analysis on Certified Solutions (4)



**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

MEMORANDUM

DATE: February 11, 2022

TO: FILE

A scrivener's error was identified on BOT Form 4.0 Certificate of Maintenance, Calibration, and Operation as a result of multiple sessions of drafting. The form contained in this maintenance packet has been amended and updated to include the intended information. The agency apologizes for any inconvenience this may have caused.

A handwritten signature in blue ink, appearing to be "J. Smith", is written over the printed name and title.

Joshua Smith  
State Director

Cc: Intoxilyzer 8000 maintenance folder





**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 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.

1. Maintenance was performed on the Intoxilyzer 8000, Serial No. 80-005147 on 02/02/2022 in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.
2. 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.: 28021080A2-049
  - BOT analysis average test result: 0.080
  - Cylinder expiration date: 12/05/2023
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
Guth 2100				
Serial #	DR3685	DR3694	DR3594	DR3754
Concentration	.02	.04	.10	.20
LOT #	21120	21070	21190	20160
Manufactured Date	04/07/2021	03/02/2021	06/09/2021	03/18/2020
Expiration Date	04/07/2023	03/01/2023	06/08/2023	03/18/2022
Solution Commission Date	01/31/2022	01/31/2022	01/31/2022	01/31/2022

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 02/02/2022	TIME PROCEDURE BEGAN 10:27:2	INSTRUMENT LOCATION 80-005147
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-005147

### 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	0.019	0.021
.04	0.040	0.039	0.042
.10	0.102	0.100	0.102
.20	0.203	0.199	0.202

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 2/2/2022
NAME PAPE, CHRISTOPHER	PERMIT # 0000023020



# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-005147, 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 Dec 28, 2021

Signed

Suzanne Russell  
Technician



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

Part No. 650517 Rev.A

# 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: **christopher.pape@bot.ok.gov**

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

3. Serial Number: **80-005147** Instrument Model: **Intoxilyzer 8000**

4. Detailed Description of Problem:  
**Unable to bench check. Reading 0.20 solution at .191 on 1st test and .188 on second test.**

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

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

Authorized By:

Ship to:

**Chris Pape**

**Breath Testing Admin**

Name (Please Print)

Title

CMI, Inc

Attn: Service Dept.

Signature

**5/28/2021**

Date

316 East Ninth Street

Owensboro, KY 42303

Call: 405-425-2460 or email

No, please send estimate before repairs are made.

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



**SERVICE WORK ORDER**

DATE: 6/8/2021

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

**406068**

**Bill To:**  
 Oklahoma Board Of Tests  
 Blvd Adcu Annex Bldg #9  
 3600 Martin Luther King  
 Oklahoma City, OK 73136-3000  
 USA  
 Customer #: 731362  
 Phone: 405-425-2424  
 Fax: 405-425-2490 fax

**Ship To:**  
 Oklahoma Board Of Tests DNU  
 Po Box 36307  
 3600 N MI King Blvd Blg 9  
 Oklahoma City OK 73111  
 USA  
 Phone: 405-425-2424

**MODEL #:** 002480OK

**Serial Number:** 80-005147

**BILL CODE:** Out of Warranty

**EXTRA PARTS RCVD:**

KB,BH,BATTERY B11-2818,GAS SHELF W/REG GR-6145 \*\*ALSO CAME WITH 500-082193

**DESCRIPTION OF PROBLEM**

UNABLE TO BENCH CHECK. READING 0.20 SOLUTION AT .191 ON 1ST TEST AND .188 ON SECOND TEST.

**WORK PERFORMED:**

Unit unable to bench check; Foam filter was falling apart; Solenoid leaked; Tygone Tubing was dirty; Replaced parts listed; Calibrated and Final tested;

**PARTS USED**

Seq. No.	Part	Description	Quantity
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
130	530030	TUBING,TYGON,.375IDx.562OD	2.00 IN
140	021357	SOLENOID ASSY,18000	1.00 EA
150	470202	FILTER,FOAM,1.85x2.20	1.00 EA

**LABOR / TESTING**

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

Technician Name: Zach Estes

SRV4060680001





Certificate of Analysis – Dry Gas	
12/16/2021	0.080
Date of Analysis	Labelled target value (g/210L)
049	0.080
Cylinder #	Average test result
Christopher Pope <i>[Signature]</i>	
BOT Technician Name and Signature	



ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-004923  
 12/16/2021 14:07

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

In accordance with BOT Maintenance Policy and Procedure Statement, the above referenced dry gas cylinder is suitable for use as an external reference.

Test	g/210L	Time
Air Blank	0.000	14:07
Cal Check	0.080	14:08
Air Blank	0.000	14:08
Cal Check	0.080	14:09
Air Blank	0.000	14:09
Cal Check	0.080	14:09
Air Blank	0.000	14:10
Cal Check	0.081	14:10
Air Blank	0.000	14:11
Cal Check	0.080	14:11
Air Blank	0.000	14:12
Cal Check	0.080	14:12
Air Blank	0.000	14:13
Cal Check	0.080	14:13
Air Blank	0.000	14:13
Cal Check	0.080	14:14
Air Blank	0.000	14:14
Cal Check	0.081	14:15
Air Blank	0.000	14:15
Cal Check	0.080	14:15
Air Blank	0.000	14:15
Cal Check Stats		
Average	0.0802	
Std Dev	0.0004	
Rel Std Dev(%)	0.5257	

## Certificate of Analysis

*RCV'D*  
*12/9/21*  
*CP*

**Certificate ID:** 14351  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 28021080A2  
**Expiration:** 12/5/2023

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

**Contents:** 105 Liters @ 1000 psig 70°F (21°C)

Component:	Reported Concentration:	Analytical Accuracy (U, k=2):	Analytical Method:
Ethanol	208 ppm	+/-0.002 BAC(G/210L) [5.2 ppm]	NDIR
Nitrogen	Balance		

**Distributed by:**  
 CMI Inc.  
 316 East Ninth St  
 Owensboro, KY  
 Phone 866-835-0  
[www.alcoholtest.com](http://www.alcoholtest.com)

*[Signature]*  
 Operator's Signature

\*Traceable to:  
 Certified Reference Material - 262.4 µmol/mol  
 Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

*[Signature]*  
 Specialty Gas Lab Tech

*[Signature]*

11-09-2021  
 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

Section 1

ARREST DATE 02/02/2022	ARREST TIME 1115	COUNTY # 55	CITY #	CITATION #
ARREST LOCATION BOT		CITY	COUNTY OKLAHOMA	
SUBJECT NAME BREATHTEST, DELTA		DATE OF BIRTH 01/01/1985	SEX M	HEIGHT 510
ADDRESS 3600 MLK		CITY OKLAHOMA CITY	STATE OK	WEIGHT 200
DRIVER LICENSE # B083463042	EXPIRATION DATE 10/31/2022	STATE OK	CLASS D	RESTRICTIONS
VEHICLE MAKE MOCK	MODEL MOCK	TAG # MOCK	STATE OK	CMV N
			PLACARD N	ENDORSEMENTS

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

(Describe driving behavior or circumstances):

MOCK SUBJECT TEST

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

POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

Section 2

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

EQUIPMENT I-8000	SERIAL NUMBER 80-005147	SPECIALIST BOARD OF TESTS																																				
STANDARD Dry	TARGET VALUE 0.080	PERMIT NUMBER 23020																																				
MANUFACTURER ILMO	LOT # 28021080A2	DATE CYLINDER INSTALLED 02/02/2022																																				
OBSERVATION START 1130	TEST DATE 02/02/2022	DATE CYLINDER EXPIRES 12/05/2023																																				
<table border="1"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>12:00</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:00</td></tr> <tr><td>Breath Volume</td><td>2.039 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:01</td></tr> <tr><td>Wait</td><td></td><td>12:03</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:03</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:03</td></tr> <tr><td>Breath Volume</td><td>2.089 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:04</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>12:04</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:05</td></tr> </tbody> </table>		Test	g/210L	Time	Air Blank	0.00	12:00	Subject Test	0.00	12:00	Breath Volume	2.039 LITERS		Air Blank	0.00	12:01	Wait		12:03	Air Blank	0.00	12:03	Subject Test	0.00	12:03	Breath Volume	2.089 LITERS		Air Blank	0.00	12:04	Cal Check	0.08	12:04	Air Blank	0.00	12:05	<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><i>[Signature]</i> SIGNATURE OF OPERATOR</p> <p>NAME PAPE, CHRISTOPHER</p> <p>BADGE # 0000000484</p> <p>PERMIT # 0000023020</p> <p>AGENCY BOARD OF TESTS</p>
Test	g/210L	Time																																				
Air Blank	0.00	12:00																																				
Subject Test	0.00	12:00																																				
Breath Volume	2.039 LITERS																																					
Air Blank	0.00	12:01																																				
Wait		12:03																																				
Air Blank	0.00	12:03																																				
Subject Test	0.00	12:03																																				
Breath Volume	2.089 LITERS																																					
Air Blank	0.00	12:04																																				
Cal Check	0.08	12:04																																				
Air Blank	0.00	12:05																																				



Test Result  
BrAC g/210L  
**0.00**

Section 3

**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

Section 5

OTHER WITNESSES:			
	NAME	TITLE	ADDRESS
1			
2			



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE <b>02/02/2022</b>		ARREST TIME <b>1115</b>		COUNTY # <b>55</b>	CITY #	CITATION #	
ARREST LOCATION <b>BOT</b>				CITY	COUNTY <b>OKLAHOMA</b>		
SUBJECT NAME <b>BREATHTEST, DELTA</b>			DATE OF BIRTH <b>01/01/1985</b>	SEX <b>M</b>	HEIGHT <b>510</b>	WEIGHT <b>200</b>	
ADDRESS <b>3600 MLK</b>		CITY <b>OKLAHOMA CITY</b>			STATE <b>OK</b>	ZIP CODE <b>73111</b>	
DRIVER LICENSE # <b>B083463042</b>		EXPIRATION DATE <b>10/31/2022</b>	STATE <b>OK</b>	CLASS <b>D</b>	RESTRICTIONS	ENDORSEMENTS	
VEHICLE MAKE <b>MOCK</b>	MODEL <b>MOCK</b>	TAG # <b>MOCK</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**


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

**POST REPAIR MAINTENANCE, INSTALLED NEW CYLINDER**

**THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST**

Section 2

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

EQUIPMENT <b>I-8000</b>	SERIAL NUMBER <b>80-005147</b>	SPECIALIST <b>BOARD OF TESTS</b>																																			
STANDARD <b>Dry</b>	TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>23020</b>	DATE CYLINDER EXPIRES <b>12/05/2023</b>																																		
MANUFACTURER <b>ILMO</b>	LOT # <b>28021080A2</b>	DATE CYLINDER INSTALLED <b>02/02/2022</b>																																			
OBSERVATION START <b>1130</b>	TEST DATE <b>02/02/2022</b>	<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>[Signature]</i> SIGNATURE OF OPERATOR</p>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.00</td><td>12:00</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:00</td></tr> <tr><td>    Breath Volume</td><td>2.039 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:01</td></tr> <tr><td>Wait</td><td></td><td>12:03</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:03</td></tr> <tr><td>Subject Test</td><td>0.00</td><td>12:03</td></tr> <tr><td>    Breath Volume</td><td>2.089 LITERS</td><td></td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:04</td></tr> <tr><td>Cal Check</td><td>0.08</td><td>12:04</td></tr> <tr><td>Air Blank</td><td>0.00</td><td>12:05</td></tr> </tbody> </table>				Test	g/210L	Time	Air Blank	0.00	12:00	Subject Test	0.00	12:00	Breath Volume	2.039 LITERS		Air Blank	0.00	12:01	Wait		12:03	Air Blank	0.00	12:03	Subject Test	0.00	12:03	Breath Volume	2.089 LITERS		Air Blank	0.00	12:04	Cal Check	0.08	12:04	Air Blank
Test	g/210L	Time																																			
Air Blank	0.00	12:00																																			
Subject Test	0.00	12:00																																			
Breath Volume	2.039 LITERS																																				
Air Blank	0.00	12:01																																			
Wait		12:03																																			
Air Blank	0.00	12:03																																			
Subject Test	0.00	12:03																																			
Breath Volume	2.089 LITERS																																				
Air Blank	0.00	12:04																																			
Cal Check	0.08	12:04																																			
Air Blank	0.00	12:05																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NAME <b>PAPE, CHRISTOPHER</b></td> <td>PERMIT # <b>0000023020</b></td> </tr> <tr> <td>BADGE # <b>0000000484</b></td> <td></td> </tr> <tr> <td colspan="2">AGENCY <b>BOARD OF TESTS</b></td> </tr> </table>		NAME <b>PAPE, CHRISTOPHER</b>	PERMIT # <b>0000023020</b>	BADGE # <b>0000000484</b>		AGENCY <b>BOARD OF TESTS</b>		 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Test Result BrAC g/210L <b>0.00</b></p> </div>																													
NAME <b>PAPE, CHRISTOPHER</b>	PERMIT # <b>0000023020</b>																																				
BADGE # <b>0000000484</b>																																					
AGENCY <b>BOARD OF TESTS</b>																																					

Section 3

**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 <b>PAPE, CHRISTOPHER</b>		AGENCY <b>BOARD OF TESTS</b>	
BADGE <b>0000000484</b>	AGENCY ADDRESS <b>INTER-AGENCY</b>	ZIP CODE <b>00000</b>	PHONE <b>4054252460</b>



Certificate of Analysis - Wet Bath



1/31/2022	0.020
Date of Analysis	Labelled value (g/210L)
21120	0.022
Lot Number	Designated Result (g/210L)
Christopher Pope	
BOT Technician Name and Signature	

In accordance with BOT Maintenance Policy and Procedure Statement, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

CERTIFICATE OF ANALYSIS

RCU'D  
8/26/21  
CP

Certified Alcohol Reference Solution for Simulator

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
1/31/2022 08:32

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.

Test	g/210L	Time
ir Blank	0.000	08:32
al Check	0.022	08:33
ir Blank	0.000	08:34
al Check	0.022	08:34
ir Blank	0.000	08:35
al Check	0.022	08:35
ir Blank	0.000	08:36
al Check	0.021	08:37
ir Blank	0.000	08:37
al Check	0.021	08:38
ir Blank	0.000	08:38
al Check	0.022	08:39
ir Blank	0.000	08:40
al Check	0.021	08:40
ir Blank	0.000	08:41
al Check	0.022	08:42
ir Blank	0.000	08:42
al Check	0.021	08:43
ir Blank	0.000	08:43
al Check	0.021	08:44
ir Blank	0.000	08:45
Check Stats		
Average	0.0215	
Std Dev	0.0005	
Rel Std Dev(%)	2.4512	

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.

*Christopher Pope*  
Operator's Signature

*Ted L. Pauley*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number FN08031603 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Certificate of Analysis – Wet Bath	
12/13/2021	0.040
Date of Analysis	Labelled Target value (g/210L)
21070	0.042
Lot Number	Average test result (g/210L)
Christopher Pauley	
BOT Technician Name and Signature	



**GUTH LABORATORIES, INC.**

500 NORTH 64th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

BRT Form 6.0

RCV'D  
8/26/21  
CP

In accordance with BOT Maintenance Policy and Procedure Statement, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

### CERTIFICATE OF ANALYSIS

INTOXILYZER 8000
Instrument Initialization
8133.12
09:27 12/01/2021

### Certified Alcohol Reference Solution for Simulator

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
12/13/2021 12:09

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.

Test	g/210L	Time
Air Blank	0.000	12:09
Cal Check	0.042	12:10
Air Blank	0.000	12:10
Cal Check	0.042	12:11
Air Blank	0.000	12:12
Cal Check	0.042	12:12
Air Blank	0.000	12:13
Cal Check	0.042	12:14
Air Blank	0.000	12:14
Cal Check	0.042	12:15
Air Blank	0.000	12:15
Cal Check	0.042	12:16
Air Blank	0.000	12:17
Cal Check	0.042	12:17
Air Blank	0.000	12:18
Cal Check	0.042	12:18
Air Blank	0.000	12:19
Cal Check	0.042	12:20
Air Blank	0.000	12:20
Cal Check	0.042	12:21
Air Blank	0.000	12:21
Cal Check Stats		
Average	0.0420	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

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

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

  
Operator's Signature

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number **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.



**Certificate of Analysis – Wet Bath**

14/15



12/13/2021	0.100
Date of Analysis	Labelled test value (g/210L)
21190	0.103
Lot Number	Average test value (g/210L)
Christopher Pauley	500 NORTH 57th STREET
BOT Technician Name and Signature	

**GUTH LABORATORIES, INC.**  
 500 NORTH 57th STREET • HARRISBURG, PA 17111- 4511 • TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BOT Maintenance Policy and Procedure Statement, the above referenced simulator solution is suitable for use as an external reference in maintenance of the Intoxilyzer 8000.

**CERTIFICATE OF ANALYSIS**

RCV'D  
 8/26/21  
 CP

ALPHA INSTRUMENT 2  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 00-004923  
 12/13/2021 12:45

**Certified Alcohol Reference Solution for Simulator**

Test	g/210L	Time
Air Blank	0.000	12:46
Cal Check	0.107	12:46
Air Blank	0.000	12:47
Cal Check	0.103	12:48
Air Blank	0.000	12:48
Cal Check	0.102	12:49
Air Blank	0.000	12:49
Cal Check	0.102	12:50
Air Blank	0.000	12:51
Cal Check	0.102	12:51
Air Blank	0.000	12:52
Cal Check	0.102	12:53
Air Blank	0.000	12:53
Cal Check	0.102	12:54
Air Blank	0.000	12:54
Cal Check	0.102	12:55
Air Blank	0.000	12:56
Cal Check	0.102	12:56
Air Blank	0.000	12:57
Cal Check	0.101	12:58
Air Blank	0.000	12:58
Cal Check Stats		
Average	0.1025	
Std Dev	0.0016	
Rel Std Dev(%)	1.609%	

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.

*Christopher Pauley*  
 Operator's Signature

*Ted L. Pauley*  
 Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

**NIST Traceability:**  
 Testing was conducted using Cerilliant Reference Standard lot number 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.



Certificate of Analysis - wet barn

07/07/2020	0.200
Date of Analysis	Labelled Weight value (g/210L)
20160	0.197
Lot Number	Average test result (g/210L)
Christopher Pope	0.200
BOT Technician Name and Signature	0.200



GUTH LABORATORIES, INC.

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

BRT Form 6.0

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

CERTIFICATE OF ANALYSIS

REC'D  
05/2020  
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20160** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 20, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2427% (w/vol) ethyl alcohol**. The expiration date for this lot number is March 18, 2022 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.200 g/210L +/- 3%**.

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

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

Test	g/210L	Time
Ir Blank	0.000	15:26
al Check	0.196	15:26
Ir Blank	0.000	15:27
al Check	0.196	15:28
Ir Blank	0.000	15:28
al Check	0.197	15:29
Ir Blank	0.000	15:29
al Check	0.196	15:30
Ir Blank	0.000	15:31
al Check	0.198	15:31
Ir Blank	0.000	15:32
al Check	0.198	15:33
Ir Blank	0.000	15:33
al Check	0.197	15:34
Ir Blank	0.000	15:35
al Check	0.198	15:35
Ir Blank	0.000	15:36
al Check	0.198	15:37
Ir Blank	0.000	15:37
al Check	0.197	15:38
Ir Blank	0.000	15:38
al Check Stats		
Average	0.1971	
Std Dev	0.0088	
Rel Std Dev(%)	0.4442	

*Christopher Pope*  
Operator's Signature

*Ted L. Pauley*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number FN08101505 whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.