

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

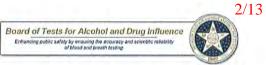
This packet consists of pages.

Signed _____

Name of Position: Director/Records Custodian

Date of Attestation:

Service Overview



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

BENCH CHECK DATE: 03-10-2021

SERIAL: 80-006120

DOCUMENTATION WITHIN SERVICE PACKET:

- **BOT Certificate of Calibration and Operation**
- Bench Check
- Bench Check Technician's Report
- **BOT Dry Gas Certificate of Analysis**
- Mock Subject Test
- BOT Certificates of Analysis on Certified Solutions (4)



STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

Administrative Office at:
Board of Tests for Alcohol and Drug Influence
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307

Certificate of Calibration and Operation

This is to certify that the calibration of INTOXILYZER 8000, serial number 80-006120, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to be in compliance with National Highway Traffic Safety Administration Standard for Devices to Measure Breath Alcohol (F.R., No. 179 48705-48710 Sept. 17, 1993) and with International Recommendation OIML R 126 Edition 1998 (E). Calibration solutions are traceable to NIST standard material 1828.

In addition the operational procedures and functions of this Intoxilyzer have also been tested and found to be in compliance with the Oklahoma Board of Tests for Alcohol and Drug Influence - Rules and Regulations OAC Title 40: 25-1-2 and 30-1-3 and is hereby certified for use as an evidential breath testing device within this state.

| CERTIFICATION TYPE | DATE |
|----------------------------|----------|
| Manufacturer Calibration | 01-13-14 |
| Board of Tests Bench Check | 01-17-14 |
| Board of Tests Bench Check | 09-02-15 |
| Manufacturer Calibration | 06-17-16 |
| Board of Tests Bench Check | 06-27-16 |
| Board of Tests Bench Check | 02-13-17 |
| Board of Tests Bench Check | 01-28-19 |
| Board of Tests Bench Check | 05-13-19 |
| Board of Tests Bench Check | 03-10-21 |
| | |
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| | |
| | |



Presentation of this form certifies that the Intoxilyzer, SN: 80-006120, functioned properly at the time of the breath test and hereby certifies the breath test result as valid.

Date:

Re: Request for Log of Test on Intoxilyzer 8000

Name:

Dear Sir:

The Log of Test information from a breath test conducted on a Intoxilyzer 8000 is printed in Section 2 of the Affidavit and is no longer retained as a separate form as with the Intoxilyzer 5000. The 8000 uses a nitrogen/ethanol dry gas for the external control test. The dry gas cylinder has the capacity to perform approximately 325 tests and does not require maintenance until its expiration date or can no longer provide the required pressure to perform a control test. The cylinder has an expiration date of two years from date filled at the manufacturer and is programmed in the 8000 upon installation, both dates are printed in Section 2 of the Affidavit. The Intoxilyzer is programmed to disable itself when the date of expiration is reached or the pressure monitor indicates 25 lbs psi.

Due to the reliability and stability of dry gas, maintenance on the 8000 is not required every 30 days or 25 tests, therefore maintenance is no longer performed by officers in the field. The Board of Tests for Alcohol and Drug Influence certifies each Intoxilyzer 8000 for field use by performing a bench check. The bench check is designed to check the operation and procedures programmed in the 8000 to ensure it is functioning properly for use in Oklahoma. A bench check is performed every time a new dry gas cylinder is installed or the instrument has returned from the manufacturer for repair. Once the instrument passes the bench check, all that is required to set it up for field use is to plug it in and turn it on and does not require a permit to set up. The Board of Tests has the ability to monitor each instrument once it is set up in the field.

Each Intoxilyzer has a database of valid permit numbers that it checks prior to allowing a breath test to be performed. The database is updated on a regular basis, if a permit number is invalid that officer will not be able to conduct a breath test on the 8000. If the 8000 prints an affidavit the breath test operator listed in Section 2 had a valid permit at the time of the test and the breath test is valid.

If you have any further questions please feel free to call me.

Sincerely,

J. Robert Blakeburn (OBA11059) State Director of Tests for Alcohol

O. pohrt Blokelung

and Drug Influence

| NSTRUMENT TYPE Intoxilyzer Diagnostics PASS Mouth Alcohol Test PASS RFI Test PASS Duplicate Breath Sampling Results | 3 0 3 / 1 0 / 2 0 2 1 | TIME PROCEDURE BEGAN 14:23:2 | NSTRUMENT LOCATION 80-006120 | |
|---|--|------------------------------|-----------------------------------|--|
| Intoxilyzer I-8000 80-006120 TEST RESULTS Diagnostics PASS Mouth Alcohol Test PASS RFI Test PASS | The state of the s | | | |
| Diagnostics PASS Mouth Alcohol Test PASS RFI Test PASS | | | | |
| PASS Mouth Alcohol Test PASS RFI Test PASS | | | TEST RESULTS | |
| PASS Mouth Alcohol Test PASS RFI Test PASS | | | | |
| Mouth Alcohol Test PASS RFI Test PASS | Diagnost | ics | | |
| PASS RFI Test PASS | PASS | | | |
| RFI Test PASS | Mouth Alcoh | ol Test | | |
| PASS | PASS | | | |
| | RFI Tes | t | | |
| Duplicate Breath Sampling Results | PASS | | | |
| Abort Test | 0.666 | | Duplicate Breath Sampling Results | |

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

| Value | Test 1 | Test 2 | Control Test |
|-------|--------|--------|-----------------|
| .02 | 0.017 | 0.017 | 0.018 |
| .04 | 0.036 | 0.035 | 0.036 |
| .10 | 0.094 | 0.093 | 0.094 |
| .20 | 0.194 | 0.190 | 0.194 |

PASS

CERTIFYING TECHNICIAN

I swear under penalty of perjury that in regards to the above listed instrument, I have complied with the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma.

| DATE |
|--------------------|
| 3/10/2021 |
| PERMIT# 0000023020 |
| |

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

BENCH CHECK TECHNICIAN'S REPORT

| ntoxilyzer Model | S | erial# | | |
|--|--|---|--------------|--|
| 8000 | 80-006120 | | | |
| GAS CANISTER | | | | |
| .OT# | E | XP Date | | |
| 34520080A1-033 | | 02/05/2 | 2023 | |
| REFERENCE | Cinnellation | Name | | |
| Guth 2100 | Simulator Guth 2100 | Guth 2100 | Guth 2100 | |
| Guil 2 100 | | ial# | GuilZioo | |
| DR2834 | DR3700 | DR2455 | DR3470 | |
| | | <u>ntration</u> | | |
| .02 | .04 | .10 T# | .20 | |
| 20070 | 20060 | 20190 | 20160 | |
| 20070 | 222.152 | ured Date | 20100 | |
| 02/13/2020 | 02/10/2020 | 04/06/2020 | 03/18/2020 | |
| ATLIEUT | | on Date | | |
| | | | 00/40/0000 | |
| 02/13/2022 | 02/10/2022 | 04/06/2022 | 03/18/2022 | |
| 02/13/2022 | 02/10/2022 | | 03/18/2022 | |
| 02/13/2022 2/25/2021 | 02/10/2022 | 04/06/2022 nmission Date 3/3/2021 | 03/18/2022 | |
| 2/25/2021 | 02/10/2022 Solution Com 2/25/2021 | mission Date | 5121,9101993 | |
| | 02/10/2022 Solution Com 2/25/2021 | mission Date | 5121,9101993 | |
| 2/25/2021 REASON FOR BEN | 02/10/2022 Solution Com 2/25/2021 | mission Date 3/3/2021 | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLA | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLATING ⊠ROUTINE N | 3/3/2021 ACEMENT | 5121,9101993 | |
| 2/25/2021 REASON FOR BEI POST REPAIR TROUBLESHOOT | 02/10/2022 Solution Com 2/25/2021 NCH CHECK CYLINDER REPLATING ⊠ROUTINE N | 3/3/2021 ACEMENT | 5121,9101993 | |

| Certificate | of Analysis - Dry Gas | A STATE OF THE STA |
|---------------------------------|--------------------------------------|--|
| 1/21/2021 | 0.080 | |
| Date of Analysis | Labelled target value (g/210L) | |
| 033 | 0.081 | |
| Cylinder# | Average test result | |
| Christopher Paper | | |
| BOT Technician Name and Signate | ure // | DRY Form 5.0 |
| In accordance with BOT Ball | and Beaudium Statement BBT 3.30 Mate | specialty gases |

referenced dry gas cylinder is suitable for use as an external reference with the intoxilyzer 8000.

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:

13552

Part #:

BAC105L080T*

Cylinder Size:

105L

Lot Number:

34520080A1 4

Expiration:

2/5/2023 1

1/21/2021

 $0.080\,$ 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 Owensboro, K' Phone 866-835-

www.alcoholtes

ALPHA INSTRUMENT 2 Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-004923 01/21/2021 15:42

| Test | g/210L | Time |
|----------------|--------|-------|
| Air Blank | 0,000 | 15:42 |
| Cal Check | 0.080 | 15:43 |
| Air Blank | 0.000 | 15:43 |
| Cal Check | 0.081 | 15:44 |
| Air Blank | 0.000 | 15:44 |
| Cal Check | 0.081 | 15:44 |
| Air Blank | 0.000 | 15:45 |
| Cal Check | 0.081 | 15:45 |
| Air Blank | 0.000 | 15:46 |
| Cal Check | 0.080 | 15:46 |
| Air Blank | 0.000 | 15:47 |
| Cal Check | 0.081 | 15:47 |
| Air Blank | 0.000 | 15:47 |
| Cal Check | 0.081 | 15:48 |
| air Blank | 0.000 | 15:48 |
| Cal Check | 0.081 | 15:49 |
| Air Blank | 0.000 | 15:49 |
| Cal Check | 0.081 | 15:49 |
| Air Blank | 0.000 | 15:50 |
| Cal Check | 0.081 | 15:50 |
| Air Blank | 0.000 | 15:51 |
| al Check Stats | | |
| Average | 0.0808 | |
| Std Dev | 0.0004 | |
| Rel Std Deu(%) | 0.5218 | |

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

01-11-202



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.

8/13

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

| | R | EVOCA | TION/D | ISQUA | LIFI | CATIO | NC | | | | Section |
|--|---|---|--|--|--|---|--|---|--|--|---------------------------------------|
| 03/10/202 | 1 | ARREST TIME | | COUNTY 55 | # | CITY# | CIT | ATION # | | | 200,701 |
| RREST LOCATION BOT | | | | 1 100 | CITY | | | | COUNT | | N/A |
| JBJECT NAME | av. star Alaska | | | | DATE | OF BIRTH | | SEX | RACE | LAHO THEIGHT | WEIGHT |
| NORTH, GA | YLON LEVE | RNE | Toury | | 0.8 | 3/09/19 | | M | W | 510 | |
| 3600 MART | IN LUTHER | KING A | OKI | AHOMA (| CITY | | | OK. | | 731 | |
| RIVER LICENSE # Γ08345487 | 1 | | | O 6 /3 (| DATE 0/2019 | OK | CLASS | 100 | RESTR | CTIONS | ENDORSEMEN M |
| HICLE MAKE | - | MODEL | | 00/30 | 17 | AG# | A | ST | TATE | CMV | PLACARD |
| iway, street, tumpike, put | d location, the above named blic parking lot, or other pub ther intoxicating substances r circumstances): | lic place, or upon a privat | d I had reasonable or | ounds to believe the r lane which provide | e person was dr | MOCK iving or in actual or more single o | physical c r multi-fan | ontrol of | OK a motor ve ing within t | N hicle upon this state wi | N a public road, hile under the |
| MOCK SUBJEC | T TEST | | | | | | | | | | |
| scribe person's condition (| (odor, actions, etc.): | 11. Maria 11. Maria 17. | An). W | | | | | _ | | | |
| ROUTINE MAI | NTENANCE, I | NSTALLED NE | EM CATINDE | ER | | | | | | | |
| | | | WAS INFORMED OF | 7. | | | | | | | |
| EATH-ALCOHOL ANALY UIPMENT | SIS RECORD, REPORT O | | IN SECTION 1 ABO | VE, and LOG OF T | EST AND MAIN | TENANCE RECO | ORD. | | | | Sectio |
| -8000 | | 100000000 | -006120 | BOARD | | STS | | | | | |
| ANDARD | | | TARGET VALU | | PERMIT NUM | | | | | | |
| Dry NUFACTURER | | | 0.080 | | 2302 | O DER INSTALLED | (I | IDATE | CALINDE | REXPIRE | e |
| LMO | | | | 0080A1 | 03/1 | 0/2021 | | | | /202 | |
| | EST DATE 03/10/2021 | MOUTHPIECE G | 1 | ute (or greater | - | | ion | | - | | |
| s or more, if you refuse grating a CMV or CDL h | 0.00 0.00 0.00 | 15:40 15:42 15:42 15:43 S 15:44 15:44 15:44 (ED. Notice of Revocs). In addition, your co.04 or more while oper. | I administ compliant processing a compliant processing a compliant processing a complete comp | HRISTOPHE 0484 F TESTS our driver's license villege in this state notor vehicle. You | Breath-A e applicate e Board R PERMIT# 0000 | lcohol Testole operate of Tests. 2302 023020 denied for a perfect if you refuse. | riod of one of deleted or failed | ed the st | Bred eighty | s) license | 210L |
| may be eligible to pacation as a result of test IDAP within thirty EVING OF NOTICE countability Program as served: 03/10/20 ccordance with Title: 03/10/20 | riticipate in the Impaired this arrest from appearing (30) days of the date lines: I personally hand in to the person name 10/2021 The 12 O.S. Section 42 D21 Place (location RISTOPHER LAGENCY ADDRESS | Driver Accountability ag on your driving rec sted below. Mail the r delivered a copy of d in Section 1 abov Signature of officer 6, "I state under pe | Program (IDAP) a ord. Participation equest for IDAP to the above conta /e. | dministered by the in IDAP may reduce the Department of the Notice in IDAP may be in IDAP to the Notice in IDAP to the IDAP to t | ne Departmen uce the amoun of Public Safe e of Revoca s of Oklahor | t of Public Safe nt of fees you w ty at P.O. Box tion and the I | ety (DPS) vill be re- 11415, O Notice o | . Comp quired t klahom of Depa Bac j is truc | oletion of to pay to a City, Oi artment dge #: | IDAP may the State. K 73136. Impaired | You must |
| 000000484 | | GENCY | | | | 00000 |) 4 | 054 | 2524 | 60 | |
| HER WITNESSES: | | | | | | 3 7 7 8 9 | | | | | Section |
| NAME | | | TITLE | ADDRESS | | | | PHONE | | | |
| NAME | | | TITLE | ADDRESS | | | | PHONE | - | | |
| | | | | | | | | | | | |

No Temporary License Issued: Test Below Legal Limit

9/13

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

| 03/10/2021 | | RREST TIME | | COUNTY | # | CITY# | C | TATION | # | | Sect |
|--|---|--|--|--|--|---|---|---|--|--|-----------------------------------|
| RREST LOCATION | | | | 135 | CITY | | | | COUNT | | Sich |
| BOT JBJECT NAME | | | | | - | ATE OF BIRTH | | locu | | LAHC | Andread and the second artists of |
| | ON LEVER | NE | CITY | | | 08/09/ | | SEX M | W | 510 | |
| 600 MARTIN | LUTHER | KING A | | AMOMA (| | Town we | | OK | lesses | 731 | .33 |
| 083454871 | | | | 06/30 | /201 | | A | | H Dan A | CTIONS | ENDORSEME M |
| HICLE MAKE MOCK | | MOCE | ζ | | | MOCK | | | OK. | N CMV | PLACARD N |
| the above date, time, and loca hway, street, turnpike, public p uence of alcohol and/or other in escribe driving behavior or circu MOCK SUBJECT | arking lot, or other public ntoxicating substances a imstances): | place, or upon a priva | nd I had reasonable grou te road, street, alley or la | inds to believe the ane which provide | person was s access to | as driving or in act one or more sing | ual physical le or multi-fa | control of | f a motor ve lling within t | hicle upon his state w | a public road, hile under the |
| scribe person's condition (odor. | actions, etc.): | | | | _ | | | | | | |
| ROUTINE MAINT | ENANCE, IN | | EW CYLINDED WAS INFORMED OF T | | NSENT TE | ST REQUEST | | | | | |
| EATH-ALCOHOL ANALYSIS | RECORD, REPORT OF | The state of the s | | | ST AND N | MAINTENANCE R | ECORD. | | | ~ | Secti |
| DUIPMENT I - 8000 | | | NUMBER - 006120 | BOARD | OF ' | TESTS | | | | | |
| TANDARD | | 100 | TARGET VALUE | | PERMIT | NUMBER | | | | | |
| Dry | | | 0.080 | | 230 | 20 LINDER INSTAL | En | Tes Alm | E COLUMN | D EVELET | C |
| ILMO | | | 34520 | 080A1 | 03/ | 10/202 | 1 | | E CYLINDE 2/05 | | |
| BSERVATION START TEST | DATE / A A A A A A A | MOUTHPIECE | 1 | e (or greater | | | | 1 | _, 00 | , | |
| 1520 03 | /10/2021 | G | | as observed | | | | | | _ | |
| Air Blank Subject Test Breath Volume Air Blank Wait Air Blank Subject Test Breath Volume Air Blank | 0.00 0.00 1.812 LITERS 0.00 0.00 0.00 1.742 LITERS 0.00 | 15:40 15:40 15:42 15:42 15:43 15:44 | SIGNATURE OF | e with the | appli e Boar | cable ope | rating s. | | Val Ivani | 190 | |
| Cal Check Air Blank | 0.07 | 15:44 | PAPE, CH | RISTOPHE | R | | | | | Test Re | |
| nii Bidik | 0.00 | 15:44 | BADGE # 000000 | 3547 | PERMIT ! | 002302 | 0 | | | AC g/ | |
| | | | BOARD OF | TESTS | | | | | | 0.0 | 0 |
| recrive thirty (30) DAYs ys or more, if you refused or i perating a CMV or CDL holde a result of this arrest by filing you may be eligible to particip you cation as a result of this quest IDAP within thirty (30) ERVING OF NOTICE: I coountability Program to ate served: 03/10 | ailed the stale's test(s); OR a test result of .0 a petition in the District pate in the Impaired E urrest from appearing days of the date liste personally hand de the person named | In addition, your co 4 or more while oper t Court of the County triver Accountability on your driving read below. Mail the a elivered a copy of | mmercial driving privil alting a commercial mot in which you were arr y Program (IDAP) add cord. Participation in request for IDAP to the f the above contain you. | ege in this state of the vehicle. You ested. Your petioninistered by the IDAP may redune Department of | will be disc may appe tion must I e Departr ce the an of Public S | qualified if you re eal any Departm be filed within th ment of Public to mount of fees yo Safety at P.O. B | efused or fa ental action irty (30) day Safety (DP: ou will be r ox 11415, | led the s against s of the S). Com equired Oklahon of Dep | tate's test(your driver date listed pletion of to pay to na City, Ol | s) license below. IDAP ma the State. C 73136. | You must |
| accordance with Title 12 | | | | under the laws | of Okla | homa that the | e foreaoir | | | rrect." | Section |
| te: 03/10/202 | | | AND STREET | 7.00 | | ture of arrest | 37.4.7 | | | | 701 |
| ME | STOPHER | | | AGENCY BOARD | OF | TESTS | 9 = 1175 | | | | |
| | | | | DOLLED | OI | THOTO | | | | | |
| | AGENCY ADDRESS INTER-AG | ENCY | | DOTTED | OI | ZIP CODE 000 | | ONE LOS 4 | 2524 | 60 | |

| Certificat | te of Analysis - Wet Bath | | |
|-----------------------------|-----------------------------|---------------------------------|------|
| 8/11/202 | 0 0.020 | | |
| Date of Analysis | Labelled tan Value (g/210L) | | |
| 20070 | 2020 | | |
| Lot Number | Alers of Arreson (230) | ABORATORIES, | INC. |
| christophes | I che Zangaria sangri | REETO HARRISBURG, PA 17111-4511 | |
| BOT Technician Name and Sig | | BRT Form 6.0 | |

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

L RIPHA INSTRUMENT 2 CERTI

CERTIFICATE OF ANALYSIS

FCV P 2020

Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
00/11/2020 09:42

| Test | g/210L | Tine |
|------------------|---------|-------|
| Air Blank | 0.000 | 09:42 |
| Cal Check | 0.020 | 09:43 |
| Air Blank | 0.000 | 09:43 |
| Cal Check | 0.020 | 09:44 |
| Air Blank | 0.000 | 09:45 |
| Cal Check | 0.020 | 09:45 |
| Air Blank | 0,000 | 09:46 |
| Cal Check | 0.020 | 09:47 |
| Air Blank | 0.000 | 09:47 |
| Cal Check | 0.021 | 09:48 |
| Air Blank | 0.000 | 09:48 |
| Cal Check | 0.020 . | 09:49 |
| Air Blank | 0.000 | 09:49 |
| Cal Check | 0.020 | 09:50 |
| Air Blank | 0.000 | 09:51 |
| Cal Check | 0.020 | 09:51 |
| Air Blank | 0.000 | 09:52 |
| Cal Check | 0.020 | 09:53 |
| Air Blank | 0.000 | 09:53 |
| Cal Check | 0.019 | 09:54 |
| Air Blank | 0.000 | 09:54 |
| Cal Check Stats | | |
| Average | 0.0200 | |
| Std Dev | 0.0004 | |
| with The Control | 4 | |

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20070 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on February 17, 2020, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.0242% (w/vol) ethyl alcohol. The expiration date for this lot
number is February 13, 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 0.020 g/210L +/- 3%.

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

Operator's Signature

2,3569

Rel Std Deu(%)

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.

Certificate of Analysis – Wet Bath

7/22/2020 0.040

Date of Analysis Labelled targety slue (e/2101)

20060 0.040

Lot Number Agric of trickylit (e/2101)

ABORAT

ABORATORIES, INC.

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.

SN 80-003400

14:57

Time

14:57

14:58

14:59

14:59

15:00

15:01

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CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 11, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0483% (w/vol) ethyl alcohol. The expiration date for this lot number is February 10, 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 0.040 g/210L +/- 3%.

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

Operator's Signature

ALPHA UNIT SUB

Model 8000

07/22/2020

Test

Air Blank

Cal Check

Air Blank

Std Dev

Cal Check Stats Average

Rel Std Dev(%)

Intoxilyzer - Alcohol Analyzer

q/210L

0.000

0.040

0.000

0.039

0.000

0.039

0.000

0.039

0.000

0.039

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0,000

D. 040

0.000

0.040

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0.000

0.0395

0.0005

1,3342

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN12181501 whose values are traceable to NIST.



BORATORIES. INC.

A NOET BRI FORMED TISE JRG, PA 17111-4511 O TELEPHONE: 717-564-5470

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

ALPHA INSTRUMENT

Test

Hr Blank

:al Check

lir Blank

Std Dev

:al Check Stats Average

Rel Std Dev(%)

Intoxilyzer - Alcohol Analyzer

Model 8000 SN / 06/16/2020

g/210L

SN 80-002591 (

Time

16:30

16:31

16:31

Certified Alcohol Reference Solution for Simulator

Air Blank 0.000 16:18 Cal Check 0.099 16:19 Air Blank 0.000 16:20 Cal Check 0.098 16:20 Air Blank 0.000 16:21 Cal Check 0.097 16:22 Air Blank 16:22 0.000 Cal Check 0.098 16:23 Air Blank 0.000 16:24 Cal Check 16:24 0.098 Air Blank 0.000 16:25 Cal Check 0.098 16:26 Air Blank 0.000 16:26 Cal Check 0.098 16:27 air Blank 0.000 16:27 Cal Check 0.097 16:28 Air Blank 0.000 16:29 :al Check 0.098 16:29

0.000

0.098

0.000

0.0979

0.0005

0.5798

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, 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 April 6, 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 0.100 g/210L +/- 3%.

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

Operator's Signature

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN02271802 whose values are traceable to NIST.

\$C120



SUTH LABORATORIES, INC.

MORTH STREET O HARRISBURG, PA 17111-4511 O TELEPHONE: 717-564-5470

Technician Name and Signature

SN 80-003400

15:25

Tine

15:26

15:26

15:27

15:28 15:28

15:29

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15:32

15:33

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15:37

15:38

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

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.

Operator's Stignature

PHR UNIT SUB itoxilyzer - Alcohol Analyzer

g/210L

0.000

0,196

0.000

0.196

0.000

0.000

0.196

0,000

0.198

0.000

0.198

0.000

0.197

0.000

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0.4442

idel 8000

1/07/2020

r Blank

1 Check

r Blank

1 Check

r Blank

1 Check

r Blank

1 Check

r Blank 1 Check

r Blank

1 Check

r Blank

1 Check

r Blank 1 Check

r Blank

1 Check

r Blank

1 Check

r Blank 1 Check Stats

Jerage td Dev

21 Std Dev(4)

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.