

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 80-006150, in compliance with the agency's Maintenance Policy and Procedures.

Signed

Name of Position: Director/Records Custodian

Date of Attestation: 09/11/2023

Service Overview

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

BENCH CHECK DATE: 9/11/2023

SERIAL: 80-006150

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Maintenance, Calibration and Operation
- Bench Check
- CMI Certificate of Calibration
- CMI Evaluation Form
- CMI Work Order
- BOT Dry Gas Certificate of Analysis
- Ilmo Specialty Gases Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis Reference Solution (4)
- Guth Laboratories Certificate of Analysis (4)



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. 80-006150 on 9/11/2023 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.: 08223080A4-037
 - BOT analysis average test result: 0.081
 - Cylinder expiration date: 6/5/2025

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 # | | | A TOTAL |
| DR2834 | DR3694 | DR2455 | DR3470 |
| Concentration | | | |
| .02 | .04 | .10 | .20 |
| LOT# | | | |
| 23060 | 22460 | 23180 | 22400 |
| Manufactured Date | | | V |
| 2/28/2023 | 12/28/2022 | 5/17/2023 | 10/12/2022 |
| Expiration Date | A STATE OF THE STA | | Total . |
| 2/28/2025 | 12/28/2024 | 5/17/2025 | 10/12/2024 |
| Solution Commission Date | | and the same | |
| 9/6/2023 | 9/6/2023 | 9/6/2023 | 9/6/2023 |
| | | | |

| | 9/6/2023 | 9/6/2023 | 9/6/2023 |
|------------------|------------------|-----------------------|--------------------------|
| Completed by BOT | Personnel: | | |
| Signature/Name | Christopher Pape | Breath-Alcohol Testin | ng Program Administrator |
| Certified by | | | |

Joshua Smith
Name

State Director Title

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

| Diagnostics PASS RFI Test PASS Abort Test PASS Improper Sample Test PASS Interferent Detect Test PASS Interferent Detect Test PASS TEST RESULTS 80-006150 TEST RESULTS Abort Test PASS Duplicate Breath Sampling Results Controd Test Test 1.02 1.02 1.039 1.038 1.040 1.0 | Diagnostics PASS Duplicate Breath Sampling Results | Diagnostics | Diagnostics | /11/2023 MENT TYPE | 13:53:4 | | 30-006150 | | RIAL NUMBER |
|--|--|--|---|-----------------------|-----------------------|--------------|----------------|-------------|--|
| Diagnostics PASS Mouth Alcohol Test PASS RFI Test PASS Abort Test PASS Improper Sample Test PASS Interferent Detect Test PASS Diagnostics PASS Duplicate Breath Sampling Results Value Test 1 Test 2 Contro Test 02 0.021 0.019 0.020 Interferent Detect Test PASS | Diagnostics PASS Mouth Alcohol Test PASS RFI Test PASS Abort Test PASS Abort Test PASS Improper Sample Test PASS Interferent Detect Test PASS Io Sample Given Test PASS Sufficient Sample Test PASS Duplicate Breath Sampling Results Value Test 1 Test 2 Control Test Doubleate Breath Sampling Results Abort Test Test 2 Control Test Test Doubleate Breath Sampling Results Abort Test Pass Duplicate Breath Sampling Results Abort Test Test 2 Control Test Test Test 2 Control Test Test 2 Control Test Test Test Test 2 Control Test Test Test Test 2 Control Test Test Test Test Test 2 Control Test Test Test 2 Control Test Test Test Test 2 Control Test Test Test Test Test 2 Control Test Test Test Test Test Test Test Test | Diagnostics | Diagnostics | | | | | | |
| PASS Mouth Alcohol Test PASS RFI Test | Mouth Alcohol Test | Mouth Alcohol Test | Mouth Alcohol Test | | | TEST RES | BULTS | | |
| Mouth Alcohol Test PASS RFI Test PASS Abort Test PASS Unplicate Breath Sampling Results Value Test 1 Test 2 Contro Test Improper Sample Test PASS O2 0.021 0.019 0.020 Interferent Detect Test PASS O4 0.039 0.038 0.040 | Mouth Alcohol Test | Mouth Alcohol Test | Mouth Alcohol Test | | | | | | |
| Mouth Alcohol Test PASS RFI Test PASS Abort Test PASS Ualue Test 1 Duplicate Breath Sampling Results Value Test 1 Test 2 Contro Test Duplicate Breath Sampling Results Contro Test Limproper Sample Test PASS O2 O.021 O.019 O.020 Interferent Detect Test PASS | ## Mouth Alcohol Test PASS RFI Test PASS Abort Test PASS ## PASS ## Duplicate Breath Sampling Results Value | Mouth Alcohol Test | Mouth Alcohol Test | Diagnosti | cs | | | | |
| ## PASS RFI Test | ## PASS RFI Test | ## PASS RFI Test | ## PASS RFI Test | PASS | | | | | |
| RFI Test | RFI Test | No Sample Given Test PASS PASS | No Sample Given Test PASS PASS | Mouth Alcoho | ol Test | | | | |
| PASS Duplicate Breath Sampling Results Abort Test Value Test 1 Test 2 Controd Improper Sample Test .02 0.021 0.019 0.020 Interferent Detect Test .04 0.039 0.038 0.040 PASS .04 0.039 0.038 0.040 | PASS | PASS | PASS | PASS | | | | | |
| Duplicate Breath Sampling Results | Duplicate Breath Sampling Results | Duplicate Breath Sampling Results | No Sample Given Test PASS PASS | RFI Tes | t | | | | |
| Abort Test PASS Value Test 1 Test 2 Control Test | Name | No Sample Given Test PASS PASS | No Sample Given Test PASS PASS | PASS | | <u>/8</u> % | 1.6286 | | 3543 |
| PASS Value Test 1 Test 2 Contro Test Improper Sample Test .02 0.021 0.019 0.020 Interferent Detect Test .04 0.039 0.038 0.040 PASS .04 0.039 0.038 0.040 | PASS Value Test 1 Test 2 Control Test mproper Sample Test .02 0.021 0.019 0.020 nterferent Detect Test .04 0.039 0.038 0.040 PASS .10 0.100 0.097 0.098 so Sample Given Test .20 0.199 0.197 0.196 PASS Sufficient Sample Test PASS PASS | PASS Value Test 1 Test 2 Control Test | PASS Value Test 1 Test 2 Control Test | Abort Te | st | Dup | licate Breath | Sampling Re | sults |
| PASS .02 0.021 0.019 0.020 Interferent Detect Test .04 0.039 0.038 0.040 PASS | PASS .02 0.021 0.019 0.020 Interferent Detect Test | DASS | PASS | | 51 | Value | Test 1 | Test 2 | 100 CO |
| Interferent Detect Test .04 0.039 0.038 0.040 | .04 0.039 0.038 0.040 | Interferent Detect Test | Interferent Detect Test | | | -11 | | 31 6501 | |
| PASS | PASS .10 | PASS No Sample Given Test PASS Insufficient Sample Test PASS Air Blank Contamination Test .10 | PASS No Sample Given Test | PASS | | .02 | 0.021 | 0.019 | 0.020 |
| PASS 10 0 100 0 097 0 098 | .10 0.100 0.097 0.098 .20 0.199 0.197 0.196 PASS PASS | .10 0.100 0.097 0.098 .20 0.199 0.197 0.196 PASS PASS | .10 0.100 0.097 0.098 .20 0.199 0.197 0.196 | | | .04 | 0.039 | 0.038 | 0.040 |
| | Io Sample Given Test PASS .20 0.199 0.197 0.196 PASS PASS | No Sample Given Test PASS Insufficient Sample Test PASS Air Blank Contamination Test | No Sample Given Test PASS Insufficient Sample Test PASS Air Blank Contamination Test PASS Range Exceeded Test | PASS | | .10 | 0.100 | 0.097 | 0.098 |
| No Sample Given Test | sufficient Sample Test PASS PASS | Insufficient Sample Test PASS PASS Air Blank Contamination Test | Insufficient Sample Test PASS PASS Air Blank Contamination Test PASS Range Exceeded Test | No Sample Giv | ren Test | | 1 2 2 2 2 2 | | |
| PASS 20 0.199 0.197 0.196 | PASS | PASS Air Blank Contamination Test | PASS Air Blank Contamination Test PASS Range Exceeded Test | PASS | | .20 | 0.199 | 0.197 | 0.196 |
| insufficient Sample Test | lank Contamination Tool | | PASS Range Exceeded Test | | \$2.00 S.30S. | | PA | SS | |
| Air Blank Contamination Test PASS | | | | | | | | | |
| | | Range Exceeded Test | | Range Exceed | ed Test | | | | |
| Range Exceeded Test | Range Exceeded Test | | | | | | | | |
| | | PASS | | | | | | | |
| | | | | PASS | | | | | |
| | | PASS | | | 0.5 | DELEVINO E | ECHNICIAN | | |
| PASS | PASS | | OFFITEWING TECHNICIAN | | A REPORT AND ADDRESS. | 12 1 TO 12 Y | THE PROPERTY. | | 0 - 0 - 0 - 2 - V |
| PASS CERTIFYING TECHNICIAN | PASS CERTIFYING TECHNICIAN | CERTIFYING TECHNICIAN | | | | | | | |
| PASS CERTIFYING TECHNICIAN Twear under penalty of perjury that in regards to the above listed instrument, I have con | PASS CERTIFYING TECHNICIAN under penalty of perjury that in regards to the above listed instrument, I have complied | CERTIFYING TECHNICIAN wear under penalty of perjury that in regards to the above listed instrument, I have complied to | wear under penalty of perjury that in regards to the above listed instrument, I have complied | | th Checking Procedure | approved | by the State o | f Oklahoma. | |
| CERTIFYING TECHNICIAN swear under penalty of perjury that in regards to the above listed instrument, I have con the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | PASS CERTIFYING TECHNICIAN under penalty of perjury that in regards to the above listed instrument, I have complied | CERTIFYING TECHNICIAN wear under penalty of perjury that in regards to the above listed instrument, I have complied to the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | wear under penalty of perjury that in regards to the above listed instrument, I have complied Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | URE | 1 | | | DATE | |
| CERTIFYING TECHNICIAN swear under penalty of perjury that in regards to the above listed instrument, I have con the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN Tunder penalty of perjury that in regards to the above listed instrument, I have complied exliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN wear under penalty of perjury that in regards to the above listed instrument, I have complied to the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | wear under penalty of perjury that in regards to the above listed instrument, I have complied Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | 1/2/10 | 1/1 | | | | |
| PASS CERTIFYING TECHNICIAN swear under penalty of perjury that in regards to the above listed instrument, I have con the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN Tunder penalty of perjury that in regards to the above listed instrument, I have complied exliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN wear under penalty of perjury that in regards to the above listed instrument, I have complied to the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | wear under penalty of perjury that in regards to the above listed instrument, I have complied Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | What | 10/1/4/ | 3 | | 9 | /11/2= |
| CERTIFYING TECHNICIAN swear under penalty of perjury that in regards to the above listed instrument, I have conne Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN Tunder penalty of perjury that in regards to the above listed instrument, I have complied exliyzer Bench Checking Procedure approved by the State of Oklahoma. | CERTIFYING TECHNICIAN wear under penalty of perjury that in regards to the above listed instrument, I have complied to the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | wear under penalty of perjury that in regards to the above listed instrument, I have complied Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | | my / | | | PERMIT # | 1/00- |
| CERTIFYING TECHNICIAN Swear under penalty of perjury that in regards to the above listed instrument, I have content in the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. DATE OATE | CERTIFYING TECHNICIAN Tunder penalty of perjury that in regards to the above listed instrument, I have complied exliptored by the State of Oklahoma. DATE 1/1/2 | wear under penalty of perjury that in regards to the above listed instrument, I have complied to the Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | wear under penalty of perjury that in regards to the above listed instrument, I have complied Intoxliyzer Bench Checking Procedure approved by the State of Oklahoma. | PE, CHRISTON | PHER | | | | 023020 |

D))

b))))

Certificate of Calibration

This is to certify the calibration of INTOXIVZET ® serial number 80-006150, 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 June 26, 2023 Signed Brandy
Technician
316 E

((0)

((0)

((0)

((0)(((((

((0)

(((0)

316 East 9th Street Owensboro, KY 42303 USA

Part No. 650517 Rev.A



This form MUST be completed and enclosed with item to be serviced.

*** Hazardous Material Warning! – DO NOT return gas cylinder with instrument! ***

| Note: Pleas | e ship items in the | ir original shippi | ng contai | ner. | |
|--|----------------------|--------------------|----------------------|---------------------------------|--------------|
| Contact information: | | | | | |
| Name Chris Pape | | Phone | (405 | 425-2460 | |
| Email: christopher.pape@bot.ok.gov | Cust | | 170 | (contact Custor | mer Service) |
| Your Billing Address Agency Name: Board of Tests | | Your Shippin | | | |
| Address: 3600 N ML King, Bldg 9 | | Address: 36 | | | |
| City: Oklahoma City State: C | OK Zip: 73111 | City: Oklahom | na City | State: OK | Zip:73111 |
| Credit Card/PO #: | | Contact Pers | on: Chris | Pape | |
| Name on Card: | | Contact Phor | ne: (405) | 425-2460 | |
| Expiration Date: | CVV | Email: christo | pher.par | e@bot.ok.gov | |
| Note: For instruments not under v \$43.50 (fuel cell), plus return ship | warranty, an evalua | | April Sulling States | red and I-200) | or |
| I authorize all repairs up to | \$500 to be perfor | med. | | | |
| After repair, add "Certificate o | f Calibration" for: | S-D2, S-D2 | 5, and I-8 | 300 (\$19) | |
| Authorized By: | | ☐ I-200, I-24 | 0, 1-300, | I-400, and I-60 | 00 (\$39) |
| Chris Pape | Breath Tes | ting Admin | Ship it | em to: | |
| Name (Please Print) | Title | r | CMI, I | nc | |
| Mande her | 5/ | 12/2023 | Attn: \$ | Service Dept. | 12 |
| Signature | Date | 9 | | ast Ninth Stre sboro, KY 42: | |



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

SERVICE WORK ORDER

407816

Bill To:

Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City, OK 73136-3000

USA

DATE: 5/23/2023

Customer #: 731362 Phone: 405-425-2424 Fax: 405-425-2490 fax Ship To:

Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King Oklahoma City OK 73136-3000

USA

Phone: 405-425-2424

MODEL #: 0024800K

Serial Number: 80-006150

BILL CODE: Out of Warranty

EXTRA PARTS RCVD:

BH, KB, BATTERY, GAS SHELF

DESCRIPTION OF PROBLEM

FLOW SENSOR RESISTANCE IS 102. PLEASE REPLACE FLOW SENSOR. BREATH HOSE IS ALSO LEAKING. FLOW SENSOR TESTED WITH GOOD BREATH HOSE IN LAB.

WORK PERFORMED:

Replaced parts listed; 8133.16.00 software; calibrated and final tested

PARTS USED

| Seq. No. | Part | Description | Quantity |
|----------|--------|--------------------------------|----------|
| 100 | 650517 | CERTIFICATE OF CALIBRATION | 2.00 EA |
| 110 | 441169 | COVER DUST,5/8in x 1/2in | 1.00 EA |
| 120 | 470145 | CAP,PLASTIC,.25IDx.50LG,RED | 3.00 EA |
| 130 | 470154 | CAP,PLSTC,.406IDx.438562,RED | 1.00 EA |
| 140 | 470218 | SEAL, TAMPER EVIDENT, SERVICE | 1.00 EA |
| 150 | 210120 | SENSOR,SMD,PRESSURE | 1.00 EA |
| 160 | 530030 | TUBING, TYGON, .375IDx.562OD | 2.00 IN |
| 170 | 471201 | O-RING,BUNA-N,-008,3/16inx5/16 | 1.00 EA |

LABOR / TESTING

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

Technician Name: Zack Robbins

SRV4078160001

Page: 1 of 3



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

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-002591

07/24/2023

11:43

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:44 |
| Cal Check | 0.081 | 11:44 |
| Air Blank | 0.000 | 11:45 |
| Cal Check | 0.081 | 11:45 |
| Air Blank | 0.000 | 11:46 |
| Cal Check | 0.081 | 11:46 |
| Air Blank | 0.000 | 11:46 |
| Cal Check | 0.082 | 11:47 |
| Air Blank | 0.000 | 11:47 |
| Cal Check | 0.081 | 11:48 |
| Air Blank | 0.000 | 11:48 |
| Cal Check | 0.082 | 11:48 |
| Air Blank | 0.000 | 11:49 |
| Cal Check | 0.081 | 11:49 |
| Air Blank | 0.000 | 11:50 |
| Cal Check | 0.081 | 11:50 |
| Air Blank | 0.000 | 11:51 |
| Cal Check | 0.081 | 11:51 |
| Air Blank | 0.000 | 11:51 |
| Cal Check | 0.081 | 11:52 |
| Air Blank | 0.000 | 11:52 |
| Cal Check Stats | | |
| Average | 0.0812 | |
| Std Dev | 0.0004 | |
| Rel Std Dev(%) | 0.5192 | |

| | h-Alcohol Equivalent (g/210L) Ratio of Nitrogen an 0.08 g/210L = 208 PPM ÷ 2605* | |
|--|---|---|
| Manufacturer: ILMO | Manufacturer Cert. No.: 15624 | Cylinder Size: 105L |
| Lot No.: 08223080A4 | Cylinder No.: 037 | Expiration Date: 06/05/2025 |
| calibrating unit in accordance with 47 O.S. lesters published by the U.S. Department | 759, 40 OAC 25-1-3, and appears on the current con of Transportation in the Federal Register [77 FR 6458 [9/210] = PPM +2605] | e reference standard meets the requirements for use as a aforming products list of calibrating units for breath alcohol 8 et seq]. * See Dubowski, K.M. and Essary N., Journal of |
| Signature Name Christopher Pape | Date: 07/24 | 1/2023 |
| Name Christopher Pape | Permit No.: 23 | 3020 |



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:

15624

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

08223080A4

Expiration:

6/5/2025

7/18/2023

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 - 261.0 µmol/mol

Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2

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



The calibration results within this certificate were obtained at the facility listed above 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. This certificate applies only to the items described and shall not be reproduced other than in full, without written approval from the Issuing facility.

10/20

OFFICER'S IMPAIRED DRIVING

| ARREST DATE | ARREST TIME | | COUNTY # | CI | TY# | Cit | FATION# | | | |
|---|------------------------------|------------------------------------|----------|------|------|-----|----------|------------|------------|--|
| 09/11/2023 | 1500 | | 55 | | | 1/1 | | | | |
| ARREST LOCATION BOT | | | CI | TY | | | | OKI | LAHO | MA |
| SUBJECT NAME BREATHTEST, FRAN | K | | | | 15/1 | 981 | SEX M | | HEIGHT 509 | 175 |
| ADDRESS 3600 MARTIN LUTH | ER KING | OKLAF | HOMA CIT | Y | XX. | | OK | market all | 731 | The state of the s |
| DRIVER LICENSE # H083463197 | | | 10/31/2 | 022 | OK | D | | RESTRI | CTIONS | ENDORSEMENTS |
| VEHICLE MAKE MOCK | MODEL | СК | | 1.00 | dock | | STA | K | N CMV | PLACARD N |
| On the above date, time, and location, the above highway, street, turnpike, public parking lot, or oft influence of alcohol and/or other intoxicating subs (Describe driving behavior or circumstances): | er public place, or upon a p | rivate road, street, alley or lane | | | | | | | | |
| MOCK SUBJECT TEST | | | | | | | | | | |

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD. Section 2 EQUIPMENT SERIAL NUMBER SPECIALIS" I-8000 80-006150 BOARD OF TESTS STANDARD ARGET VALUE PERMIT NUMBER Dry MANUFACTURER 0.080 23020 DATE CYLINDER EXPIRES DATE CYLINDER INSTALLED ILMO 08223080A4 09/11/2023 06/05/2025 OBSERVATION START TEST DATE A 15-minute (or greater) deprivation/observation 09/11/2023 1505 period was observed prior to and continuing RESULT TABLE to the time of test administration. Test. g/210L Time I administered said Breath-Alcohol Test in 0.00 15:25 Air Blank Subject Test 0.00 15:26 compliance with the applicable operating Breath Volume 2.171 LITERS procedure of the Board of Tests. Air Blank 0.00 15:26 15:28 Wait 15:29 Air Blank 0.00 Subject Test 0.00 15:29 SIGNATURE OF OPERATOR Breath Volume 2.101 LITERS Air Blank 0.00 15:30 Cal Check 0.07 15:30 Test Result PAPE, CHRISTOPHER Air Blank 0.00 15:31 BrAC g/210L PERMIT# 0000000484 0000023020 0.00 BOARD OF TESTS

What happens next?

Section 3

- The Arresting Officer is required to submit the Officer's Impaired Driving Affidavit to the State of Oklahoma.
- Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
- The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma. To confirm or change your address on file, contact Service Oklahoma

The Revocation and/or Disqualification will be effective 55 days from the date of the Order, including 10 days allowed for mailing, 47 O.S. §§2-116, 753, 754.

The Order of Revocation and/or Disqualification will contain important information about your rights to appeal the revocation and/or disqualification of your driving privileges. To appeal the

applicable Order of Revocation and/or Disqualification your pelition must be filed with the District Court of the County in which you were arrested within 40 days of the date of the order, including 10 days allowed for mailing, 47 O.S. §§2-116, 6-211

| In accordance with T | Title 12 O.S. Section 426, "I state under | penalty of perj | ury under the laws of Oklahoma that the foreg | joing is true and correct." | Section 4 |
|----------------------|---|-----------------|---|-----------------------------|-----------|
| Date: | Place (location when signed): | 1110 | Signature of arresting officer:_ | | |
| PAPE, CHI | RISTOPHER | | BOARD OF TESTS | to part of the second | |
| 000000048 | AGENCY ADDRESS INTER-AGENCY | | ZIP CODE 0 0 0 0 0 | PHONE 4054252460 | |
| OTHER WITNESSE | S: | | | | Section 5 |
| 1 NAME | | TITLE | ADDRESS | PHONE | |
| 2 NAME | | TITLE | ADDRESS | PHONE | |

11/20

OFFICER'S IMPAIRED DRIVING AFFIDAVIT

| | | | | | | | | | | | | Section |
|-------------------------------------|--------------------|--------------|----------------------|--------------------|-----------------------|------------|-------------------|-------------|----------------|------------|---------------|----------------|
| ARREST DATE 09/11/2023 | | 1500 | | | COUNTY# | | CITY# | C | ITATION# | | | |
| ARREST LOCATION BOT | | | | | | CITY | | | | OK | LAHC | MA |
| BREATHTEST, | FRANK | | | | | | 3/15/ | 1981 | SEX M | | HEIGHT 509 | WEIGHT 175 |
| 3600 MARTIN | LUTHER | KING | , | OKLA | HOMA CI | TY | | | OK | -54 | 73 | - |
| DRIVER LICENSE # H083463197 | 2000 | | | - Tripe & Large - | 10/31/ | | STATE OK | CLAS | S | RESTRI | CTIONS | ENDORSEMENTS |
| VEHICLE MAKE MOCK | | | MOCK | | | | MOCK | | | ATE OK | N CMV | PLACARD N |
| On the above date, time, and locati | on, the above name | d person was | arrested, and I have | d reasonable groun | ds to believe the per | rson was d | friving or in act | ual physica | I control of a | a motor ve | hicle upor | a public road. |

highway, street, turnpike, public parking lot, or other public place, or upon a private road, street, alley or tane 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

| BREATH-ALCOHOL ANALYSIS | RECORD, REPORT OF THE PI | ERSON NAMED | IN SECTION 1 ABO | VE, and LOG OF T | EST AND MAINTENANCE RECORD. | Section |
|--|--|--|---------------------------|------------------|--|---------------------------------------|
| EQUIPMENT I-8000 | | | NUMBER -006150 | BOARD | OF TESTS | |
| STANDARD Dry | | | O.080 | JE | PERMIT NUMBER 23020 | |
| MANUFÁCTURER ILMO | | | 08223 | 080A4 | DATE CYLINDER INSTALLED 09/11/2023 | DATE CYLINDER EXPIRES 06/05/2025 |
| 08SERVATION START TEST | 9/11/2023 | | | | er) deprivation/observation | |
| Test | g/210L | Time | | | prior to and continuing est administration. | OF THE STATE |
| Air Blank Subject Test Breath Volume Air Blank Wait Air Blank Subject Test Breath Volume | 0.00 0.00 2.171 LITERS 0.00 0.00 0.00 2.101 LITERS | 15:25 15:26 15:26 15:28 15:29 15:29 | compliar | nce with th | Breath-Alcohol Test in e applicable operating ne Board of Tests. | 1907 |
| Air Blank Cal Check Air Blank | 0.00 0.07 0.00 | 15:30 15:30 15:31 | PAPE, CH. BADGE # 0000000 | | PERMIT # 0000023020 | Test Result BrAC g/210L O • O O |

What happens next?

Section 3

- The Arresting Officer is required to submit the Officer's Impaired Driving Affidavit to the State of Oklahoma.
 Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
- The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma. To confirm or change your address on file, contact Service Oklahoma.

4. The Revocation and/or Disqualification will be effective 55 days from the date of the Order, including 10 days allowed for mailing. 47 O.S. §§2-116, 753, 754,
5. The Order of Revocation and/or Disqualification will contain important information about your rights to appeal the revocation and/or disqualification of your driving privileges. To appeal the applicable Order of Revocation and/or Disqualification your petition must be filled with the District Court of the County in which you were arrested within 40 days of the date of the order, including 10 days allowed for mailing. 47 O.S. §§2-116, 6-211.

| In accordance with Title | 12 O.S. Section 426, "I state under penalty of | 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: | |
| PAPE, CHRIS | STOPHER | BOARD OF TESTS | |
| BADGE 0000000484 | AGENCY ADDRESS INTER-AGENCY | ZIP CODE | |



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

Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-002591 09/06/2023 10:21

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 10:22 |
| Cal Check | 0.019 | 10:23 |
| Air Blank | 0.000 | 10:23 |
| Cal Check | 0.019 | 10:24 |
| Air Blank | 0.000 | 10:24 |
| Cal Check | 0.019 | 10:25 |
| Air Blank | 0.000 | 10:26 |
| Cal Check | 0.019 | 10:26 |
| Air Blank | 0.000 | 10:27 |
| Cal Check | 0.020 | 10:28 |
| Air Blank | 0.000 | 10:28 |
| Cal Check | 0.019 | 10:29 |
| Air Blank | 0.000 | 10:29 |
| Cal Check | 0.019 | 10:30 |
| Air Blank | 0.000 | 10:31 |
| Cal Check | 0.019 | 10:31 |
| Air Blank | 0.000 | 10:32 |
| Cal Check | 0.018 | 10:33 |
| Air Blank | 0.000 | 10:33 |
| Cal Check | 0.019 | 10:34 |
| Air Blank | 0.000 | 10:34 |
| Cal Check Stats | | |
| Average | 0.0190 | |
| Std Dev | 0.0004 | |
| Rel Std Dev(%) | 2.4809 | |

| NIST Traceable Breath-Alcohol Eq | ulvalent (g/210L +/- 3%) Ratio of ethanol and wa | ter free of test interfering substances. | |
|---|---|---|--|
| Manufacturer: Guth | Manufactured Date: 2/28/2023 | Concentration: 0.020 | |
| Lot No.: 23060 | Expiration Date: 2/28/2025 | Equipment Model: Guth 2100 | |
| prescribed by the State Director of Tests pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol meast Conforming Products List of Calibrating Units of Br | surement equipment and reference solutions. Equip | ence solution meets the requirements for use pursuant | |
| Signature College of the College of | Date: 9/6/2023 | | |
| Name Christopher Pape | Permit No.: 23020 | Permit No.: 23020 | |



CP RCVP 8/23/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23060 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 1, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0241% (w/vol) ethyl alcohol. The expiration date for this lot number is February 28, 2025 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 FN05122004 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.



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

Certificate of Analysis - Reference Solution

| i | ALPHA INSTR | UM | ENT | | |
|---|-------------|----|---------|----------|-----------|
| ı | Intoxilyzer | - | Alcohol | Analyzer | |
| l | Model 8000 | | | SN | 80-002591 |
| l | 09/06/2023 | | | | 11:15 |
| | | | | SN | |

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:16 |
| Cal Check | 0.040 | 11:16 |
| Air Blank | 0.000 | 11:17 |
| Cal Check | 0.040 | 11:18 |
| Air Blank | 0.000 | 11:18 |
| Cal Check | 0.040 | 11:19 |
| Air Blank | 0.000 | 11:19 |
| Cal Check | 0.040 | 11:20 |
| Air Blank | 0.000 | 11:21 |
| Cal Check | 0.040 | 11:21 |
| Air Blank | 0.000 | 11:22 |
| Cal Check | 0.040 | 11:23 |
| Air Blank | 0.000 | 11:23 |
| Cal Check | 0.040 | 11:24 |
| Air Blank | 0.000 | 11:24 |
| Cal Check | 0.040 | 11:25 |
| Air Blank | 0.000 | 11:26 |
| Cal Check | 0.040 | 11:26 |
| Air Blank | 0.000 | 11:27 |
| Cal Check | 0.040 | 11:28 |
| Air Blank | 0.000 | 11:28 |
| Cal Check Stats | | |
| Average | 0.0400 | |
| Std Dev | 0.0000 | |
| Rel Std Dev(%) | 0.0000 | |

| Manufacturer: Guth | Manufactured Date: 12/28/2022 | Concentration: 0.040 | |
|--|--|---|--|
| Lot No.: 22460 | Expiration Date: 12/28/2024 | Equipment Model: Guth 2100 | |
| prescribed by the State Director of Tes to 40 OAC 25-1-2.1. Approved breath- | via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and ts pursuant to 40 OAC 30-1-3. The above NIST traceable randon measurement equipment and reference solutions. Equilibria Interes (72 FR 34747), published | eference solution meets the requirements for use pursuant quipment used appears on the current or supplemented | |
| Signature Application of the Signature Applic | Pate: 9/6/20 | Date: 9/6/2023 | |
| Name Christopher Pape | Permit No.: 230 | Permit No.: 23020 | |



CP RCVD 8/31/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22460 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 29, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0486% (w/vol) ethyl alcohol. The expiration date for this lot number is December 28, 2024 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.040 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 FN06032102 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.



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
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
09/06/2023 11:36

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:37 |
| Cal Check | 0.099 | 11:37 |
| Air Blank | 0.000 | 11:38 |
| Cal Check | 0:100 | 11:39 |
| Air Blank | 0.000 | 11:39 |
| Cal Check | 0.100 | 11:40 |
| Air Blank | 0.000 | 11:40 |
| Cal Check | 0.100 | 11:41 |
| Air Blank | 0.000 | 11:42 |
| Cal Check | 0.101 | 11:42 |
| Air Blank | 0.000 | 11:43 |
| Cal Check | 0.100 | 11:44 |
| Air Blank | 0.000 | 11:44 |
| Cal Check | 0.100 | 11:45 |
| Air Blank | 0.000 | 11:45 |
| Cal Check | 0.100 | 11:46 |
| Air Blank | 0.000 | 11:47 |
| Cal Check | 0.100 | 11:47 |
| Air Blank | 0.000 | 11:48 |
| Cal Check | 0.100 | 11:49 |
| Air Blank | 0.000 | 11:49 |
| Cal Check Stats | | 0.000 |
| Average | 0.1000 | |
| Std Dev | 0.0004 | |
| Rel Std Dev(%) | 0.4714 | |

| Manufacturer: Guth | Manufactured Date: 5/17/2023 | Concentration: 0.100 | |
|--|--|---|--|
| Lot No.: 23180 | Expiration Date: 5/17/2025 | Equipment Model: Guth 2100 | |
| to 40 OAC 25-1-2.1. Approved breath-alco | ursuant to 40 OAC 30-1-3. The above NIST traceable re hol measurement equipment and reference solutions. Ec ills for Breath Alcohol Testers (72 FR 34747), published | eference solution meets the requirements for use pursuant quipment used appears on the current or supplemented by the National Highway Traffic Safety Administration. | |
| Signature | Date: 9/6/202 | 23 | |
| Name Christopher Pape | Permit No.: 230 | Permit No.: 23020 | |



CP RCVD 8/23/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol) ethyl alcohol. The expiration date for this lot number is May 17, 2025 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 FN11172002 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.



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
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
09/06/2023 11:59

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:59 |
| Cal Check | 0.202 | 12:00 |
| Air Blank | 0.000 | 12:00 |
| Cal Check | 0.201 | 12:01 |
| Air Blank | 0.000 | 12:02 |
| Cal Check | 0.201 | 12:02 |
| Air Blank | 0.000 | 12:03 |
| Cal Check | 0.200 | 12:04 |
| Air Blank | 0.000 | 12:04 |
| Cal Check | 0.201 | 12:05 |
| Air Blank | 0.000 | 12:05 |
| Cal Check | 0.200 | 12:06 |
| Air Blank | 0.000 | 12:07 |
| Cal Check | 0.201 | 12:07 |
| Air Blank | 0.000 | 12:08 |
| Cal Check | 0.201 | 12:09 |
| Air Blank | 0.000 | 12:09 |
| Cal Check | 0.201 | 12:10 |
| Air Blank | 0.000 | 12:11 |
| Cal Check | 0.200 | 12:11 |
| Air Blank | 0.000 | 12:12 |
| Cal Check Stats | | |
| Average | 0.2008 | |
| Std Dev | 0.0006 | |
| Rel Std Dev(%) | 0.3149 | |

| ^{Manufacturer:} Guth | Manufactured Date: 10/12/2022 | Concentration: 0.200 | |
|---|---|---|--|
| Lot No.: 22400 | Expiration Date: 10/12/2024 | Equipment Model: Guth 2100 | |
| prescribed by the State Director of Tests to 40 OAC 25-1-2.1. Approved breath-aid Conforming Products List of Calibrating to | a Infrared Spectroscopy utilizing the Intoxilyzer 8000 and wa pursuant to 40 OAC 30-1-3. The above NIST traceable refe sohol measurement equipment and reference solutions. Equ Units for Breath Alcohol Testers (72 FR 34747), published by | erence solution meets the requirements for use pursuant | |
| Signature / | Date: 9/6/2023 | | |
| Name Christopher Pape | Permit No.: 2302 | Permit No.: 23020 | |



CP RCVP 8/23/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22400 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on October 14, 2022, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.2420% (w/vol) ethyl alcohol. The expiration date for this lot
number is October 12, 2024 at 11:59 PM.

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

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Cerilliant Reference Standard lot number FN09142002 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.

20/20

| Location Returned From | Unit Serial # | Date: |
|--|---|--|
| Tulsa Co 1 | 80-006150 | 3/22/23 |
| Unit checked in to BOT New Unit Checked out Value Value Value Value Value Value Value Remove old cylinder from | Old Cylinder #: 28021080 Unit | inventory |
| Check in Procedure Connect unit to ethernet connection 172,019.004. 136 Download any stored records 5 Change unit location to Serial number Update Unit Date and time Previous time: 4/19/23 1334 New Time: 7: MC OK Execute a new Forms load on the unit | Notes from the Field Routine Swap | Issues in the Field |
| Lab Evaluation Breath Hose Hold Vacuum?: Test Ch | namber Hold Vacuum?: | |
| DVM 3μm 1/383 9μm 12315 Breath Hose Temp 47.0 Peripheral Tests Speaker (F5) Power LED Green (F6) Gas Regulator (F11) Pump (F10) Atmospheric Sensor Pressure 963 Correction Factor 1.0 | Snap Test ok? RFI Detected? Red (F7) Receipt paper Flow Sensor Resistance | Tank Sensor Value 804 Is regulator close to Tank Sensor Value? Ves / No |
| Sent to CMI (If needed) Reason Sent Date Sent Invoice Sent Date Returned | Replace Flow Sensor Breath hose leaks, Sw | apped w/ another |
| Repairs needed: | Repairs Made: | |
| Sent back to CMI For Source issue S/10/15/23 | Ready for Bench Check? | |
| Inventory Process □ Bench Check Technic □ Linked Cylinder to Unit □ Mock Subject Test Completed □ Changed Unit Status □ Certificate of Calibration □ Bench Check Report Completed □ Service Overview Completed | Completed CMI Worko Completed CMI Certific | e if unit sent to CMI order cate of Calibration e Evaluation Form Intoxilyzer Check-in sheet Version 2.0 |