

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 <u>Joshua Smith</u> (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 80-006156, in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 17 pages.

signed _____

Name of Position: Director/Records Custodian

Date of Attestation: 05/25/2022

Service Overview

Board of Tests for Alcohol and Drug Influence
Enhancing public safety by ensuring the accuracy and scientific reliability
of blood and bredit testing

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

BENCH CHECK DATE: 05-13-2019

SERIAL: 80-006156

DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 04-11-2019
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- CMI Work Order
- 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 80-006156, 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	01-22-14
Board of Tests Bench Check	02-04-14
Manufacturer Calibration	07-23-15
Board of Tests Bench Check	09-16-15
Board of Tests Bench Check	06-23-17
Manufacturer Calibration	04-11-19
Board of Tests Bench Check	05-13-19



Presentation of this form certifies that the Intoxilyzer, SN: 80-006156, 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 and Drug Influence

phrt Blobelune

Certificate of Calibration

This is to certify the calibration of **Intoxilyzer** serial number Solo, 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 April 11, 2019

Signed MORPhilip

Technician

INC.

316 East 9th Street Owensboro, KY 42303 USA

Part No. 650517 Rev.A

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

NCH CHECK DATE 05/13/2019	10:57:5		STRUMENT LOCATION 80-006156		
TRUMENT TYPE Intoxilyzer	INSTRUMENT MOD			80-00	
incoxilyzei	1 0000	TEST RE	SULTS	00 00	7150
			7777		
20000000					
Diagnostic PASS	s				
Mouth Alcohol	Test				
PASS					
RFI Test					
PASS			a		
Abort Test	Ē	Duj	olicate Breath	Sampling Re	sults
PASS		Value	Test 1	Test 2	Control Test
Improper Sampl	e Test				0.010
PASS		.02	0.017	0.017	0.018
Interferent Detec	ct Test	.04	0.037	0.037	0.038
PASS		.10	0.096	0.096	0.098
No Sample Give	n Test	.20	0.191	0.190	0.194
PASS	L	.20		70.00	0.134
Insufficient Samp PASS	ole Test		PA	SS	
Air Blank Contamina	ation Test				
Range Exceeded	d Test				



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

BENCH CHECK TECHNICIAN'S REPORT

toxilyzer Model		Serial #	
000		80-006166	
AS CANISTER		77 TO 17 TO 19	
OT#		EXP Date	
140809190	#043	03-05-	2021
EFERENCE			
Y WELVERY	Simulato		
Guth 2100	Guth 2100	Guth 2100	Guth 2100
DD2504	DR3753	ial # DR3594	DR3754
DR3591		ntration	BITOTOT
.02	.04	.10	.20
4/1/2		<u>T #</u>	
18020	17410	18070	17340
		ured Date	40.00.0047
01-09-2018	12-06-2017	02-26-2018	10-09-2017
		on Date	10.00.0010
01-09-2020	12-06-2019	02-26-2020	10-09-2019
	0-1-11 0	mission Date	
	Solution Com	IIIISSIOII Date	
06-06-19	05-06-19	05-06-19	05-06-1
EASON FOR BEIL POST REPAIR [TROUBLESHOOT	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEN POST REPAIR L TROUBLESHOOT	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEIL POST REPAIR [TROUBLESHOOT	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEN	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEN POST REPAIR L TROUBLESHOOT	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEN POST REPAIR L TROUBLESHOOT	05-06-19 NCH CHECK	05-06-19 ACEMENT	05-06-1
EASON FOR BEN POST REPAIR TROUBLESHOOT OMMENTS	OS-06-19 NCH CHECK CYLINDER REPLAING ROUTINE	05-06-19 ACEMENT	05-06-1
EASON FOR BEN POST REPAIR TROUBLESHOOT OMMENTS	OS-06-19 NCH CHECK CYLINDER REPLATING PROUTINE	05-06-19 ACEMENT	05-06-1

Certificate o	of Analysis – Dry Gas	
05/13/19	, 8 68 Labelled target value (g/210L)	
Date of Analysis	,080	ILMO
Josh Smith	Average test result	
BOT Technician Name and Signature		specialty gases
In accordance with BOT Policy referenced dry gas cylinder is sui	and Proce <mark>dur</mark> e Statement BRT-2.1.0, <i>M</i> itable for use as an external re reங்கள் று 217-245-:	aintenance, the above ofte:Drowle Coolbox 790 • Jacksonville, IL 62651-0790 2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

25CVP 04/22/19

Certificate ID:

11721

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

00919080A1 4

Expiration:

3/5/2021

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 Concentration: Accuracy

Analytical Method: (U, k=2):

Component:

208 ppm

Ethanol. Nitrogen

Balance

+/-0.002 BAC(G/210L) NDIR

[5.2 ppm]

Store in dry area, away from sources of heat,

*NIST Traceable Reference Material Cylinder No. CC274523 / Job No. 09160306 Certified 362.2 µmol/mol Ethanol in Nitrogen

ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Date

Accreditation #61895

8/17

q/210L

0.000

0.080

0.000

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Operator's Signature

SN 80-002591

10:29

Time

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10:37

10:38

ALPHA INSTRUMENT

Model 8000 05/13/2019

Test

Distributed by:

316 East Ninth S

Owensboro, KY

Phone 866-835-06 www.alcoholtest.c

CMI Inc.

Air Blank

Cal Check

Air Blank

Average

Std Dev Rel Std Deu(%)

Cal Check Stats

Intoxilyzer - Alcohol Analyzer

Specialty Gas Lab Tech

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.

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.

3. Serial Number:					
	otion of Pi	oblem:			
4. Detailed Descrip			fails and	ambient fails. R	eplaced solenoid and exhaust
i. Detailed Descrip Unit came in f	or report	of purge f	fails and	ambient fails. R	eplaced solenoid and exhaust
4. Detailed Descrip Unit came in f	or report	of purge f	fails and slow, but	ambient fails. R noticed that the	eplaced solenoid and exhaust DVMs are backwards/flipped.
4, Detailed Descrip Unit came in f block <mark>eheck v</mark>	or report a lve . Stil	of purge f I purges s	low, but	noticed that the	DVMs are backwards/flipped.
4, Detailed Descrip Unit came in f block <mark>eheck v</mark>	or report a lve . Stil	of purge f I purges s	low, but	noticed that the	eplaced solenoid and exhaust DVMs are backwards/flipped.
4, Detailed Descrip Unit came in f block <mark>eheck v</mark>	or report a lve . Stil	of purge f I purges s	low, but	noticed that the	DVMs are backwards/flipped.
4, Detailed Descrip Unit came in f block eheck v ***Hazardou	or report alve. Stil s Material	of purge for purges something of the second	slow, but - <u>DO NO</u>	noticed that the \underline{T} return gas cylind	DVMs are backwards/flipped. lers with instrument!***
4. Detailed Descrip Unit came in f block eheck v ***Hazardou	or report alve. Stil s Material pairs Up T	of purge for purges so warning!	slow, but - <u>DO NO</u> □\$250	t noticed that the <u>T</u> return gas cylind	DVMs are backwards/flipped. lers with instrument!*** Other \$
4. Detailed Descrip Unit came in f block eheck v ***Hazardou	or report alve. Stil s Material pairs Up T	of purge for purges so warning!	slow, but - <u>DO NO</u> □\$250	t noticed that the <u>T</u> return gas cylind	DVMs are backwards/flipped. lers with instrument!***
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4. Detailed Descrip Unit came in f block eheck v ***Hazardou	or report alve. Stil s Material pairs Up T	of purge for purges so warning! or All (attach a continuity)	olow, but - <u>DO NO</u> □\$250 copy of P	noticed that the T return gas cylind Structure (Structure) T return gas cylind T return gas cylind T return gas cylind Show that the	DVMs are backwards/flipped. lers with instrument!*** Other \$
4. Detailed Descrip Unit came in f block check v ***Hazardous I Authorize Rep Purchase Orde	or report alve. Stil s Material pairs Up T	of purge for purges so warning! or All (attach a constant)	slow, but - <u>DO NO</u> □\$250	T return gas cylind \$500 \$750 C.O. if applicable) Shol Testing	DVMs are backwards/flipped. lers with instrument!*** Other \$
4. Detailed Descrip Unit came in f block check v ***Hazardous I Authorize Rep Purchase Orde	or report alve. Stil s Material pairs Up T r Number	of purge for purges so warning! or All (attach a control of the co	- DO NO \$250 Copy of P	T return gas cyling \$500 \$750 C.O. if applicable) Short Testing	DVMs are backwards/flipped. lers with instrument!*** Other \$
4. Detailed Descrip Unit came in f block check v ***Hazardous I Authorize Rep Purchase Orde Authorized By: Joshua Smith	or report alve. Stil s Material pairs Up T r Number	of purge for purges so warning! o: All (attach a control of purges)	Slow, but - DO NO - \$250 copy of P	return gas cylind \$\sum \\$500 \sum \\$750 \$\text{C.O. if applicable}\$ Short Testing in Cl	DVMs are backwards/flipped. lers with instrument!*** Other \$ ip to:
4. Detailed Descrip Unit came in f block check v ***Hazardous I Authorize Rep Purchase Orde Authorized By: Joshua Smith Name (Please Prin	or report alve. Stil s Material pairs Up T r Number	of purge for purges so warning! or All (attach a control of the purges)	Slow, but DO NO \$250 Copy of Preath Alcohorogram Admittle	T return gas cylind \$500 \$750 C.O. if applicable) Short Testing In Cl	DVMs are backwards/flipped. Jers with instrument!*** Other \$ ip to: MI, Inc ttn: Service Dept.
I Authorize Rep Purchase Orde Authorized By: Joshua Smith Name (Please Prin	or report alve. Stil s Material pairs Up T r Number	of purge for purges so warning! or All (attach a control of the purges)	slow, but DO NO \$250 Copy of P reath Alcohorogram Adm itle 12/14/201	T return gas cylind \$500 \$750 C.O. if applicable) Short Testing in CI A 3	DVMs are backwards/flipped. lers with instrument!*** Other \$ ip to:

CMI Inc. 316 E 9th Street Owensboro KY 42303

USA

Phone: 866-835-0690 Fax: 270-685-6268

Service Estimate: 403077

Date: 02/08/2019 Page: 1 of 2

PO #:

Ship To: Oklahoma Board Of Tests Customer Number: 731362 Technician Name:

Blvd Adcu Annex Bldg #9

3600 Martin Luther King Oklahoma City OK 73136-3000

USA

Dewayne Varvel

Call Line

Revision

Quantity

Service Call Type

002480OK

ND

1.00 EA

Out of Warranty

UNIT ASSY, 18000, IMAGER/ETH/IMA Job: SRV4030770001

Our Part

002480OK

ND

Technician Notes: gas shel and gas cylinder

Part Number/Description

Serial Number(s):

80-006156

J	ob Materia						
	Seq. No.	Part	Description	Quantity	E	st. Unit Price	Est. Ext. Price
	10	021380FL	BLOCK ASSY,SOURCE,BASIC	1.00	EA	124.95	124.95
	20	471201	O-RING,BUNA-N,-008,3/16inx5/16	1.00	EΑ	1.95	1.95
	30	402565	O-RING, NEOPRENE, .301IDx.06THK	2.00	EΑ	0.25	0.50
	80	650517	CERTIFICATE OF CALIBRATION CMI	2.00	EA	0.00	0.00
	90	441169	COVER DUST,5/8" x 1/2" McMASTE	1.00	EA	0.00	0.00
	100	470145	CAP,PLASTIC,.25IDx.50LG,RED ST	3.00	EA	0.00	0.00
	110	470154	CAP,PLSTC,.406IDx.438562,RED	1.00	EA	0.00	0.00
	120	330508	CABLE ASSY, EXTENDER LABEL	1.00	EA	6.75	6.75
	130	330499	CABLE,RS232	1.00	EA	16.30	16.30

		eig					

Misc Code	Description	Amount
LABR	Service Repair Labor	255.00
LCAL	Service - Calibration Adjust	45.00
LFT	Service - Cal / Final Test	85.00
SVFT	Freight - Service	35.00

Total: 570.45

NOTE: AN EVALUATION FEE WILL APPLY TO ESTIMATES THAT ARE NOT REPAIRED.

PLEASE SIGN AND FAX TO: 270-685-6268

APPROVED BY:

DATE: ___

02-12-2019

*TAX NOT INCLUDED



SERVICE WORK ORDER

DATE 12 20 18

RCVD VIA 1 PS

316 E. 9th St., Owensboro KY 42303 Phone 866-835-0690 Fax: 270-685-6268

403077

BILL TO:		SHIP TO	: bc	and of I	155
ATTN:		ATTN:			
		3600	Al	m thin P	olda 9
		2000	10	"IL VIIIS I	
CITY STATE ZIP		CITY/\//		STATE	ZIP
CUSTOMER NO.	R	PHONE		06	13111
131362		4(5-4	35-2460	
PHONE		FAX 40	5-48	25-2490	
MODEL# SERIAL# WI-OVOISIO		Pallier CK		1	BILL CODE
EXTRA PARTS RCVD					4
DESCRIPTION OF PROBLEM PURA Fails (Ambient Faile)					
Infrared / Fuel Cell	A VIII	NT 3.013		PARTS	USED
SOL B conneder was on SOLC - BATTERY-EXT 141			QTY	PART NO.	DESCRIPTION
RPT WIE 125232 cable smashed Idaneged.	VERI	FIED PROBLEM?	- 1	071380FL	block assy, son
WORK PERFORMED:	A .	100		471701	o-ma-Recue
WORK PERFORMED: Replaced parts listed		1	6	330508	cable asser PFT is
0-00		0	ì	330499	cabl, R\$232
Do not skip gas cylinder l	ragi	- '.0		150010	speaker, 8 olus
The ye	Jon.	Sween .			'
	02/	03/14			
		0			
Replaced speaker was damaged d	mu	sofair.			
Wa	0 0	hauge -			
Miscellaneous PRELIMINARY TEST INFORMATION		00			
WORK PERFORMED:					
RY					
REPAIR CAL. ADJ. CALIBRATON FINAL)				NACE NEDE
00 201 301				SHIPPING STIC	CKER HERE
½ HOURS HOURS HOURS	1			SPECIAL SHIPPING	INSTRUCTIONS

DATE

DATE

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

	R	EVOCAT	TON/DIS	SQUAL.	IFIC	AHO	IN			Section
ARREST DATE 05/13/201		ARREST TIME		COUNTY # 55	CIT	γ# 9	NOI			
ARREST LOCATION				C	NONE		1	COUN	ne NE	
NOEN SUBJECT NAME			.,		DATE O		SE)	RACE	HEIGHT	WEIGHT
MOCK, SUI	BJECT TEST		CITY			09/19	61 M	I W	510 ZIP COD	E
	rin LUTHER	KING A		HOMA CIT	CY	STATE (OK CLASS	REST	731	.33 ENDORSEMEN
T0834548	71			06/30/2		OK	A			M
PEHICLE MAKE MOCK		MOCK			_	IOCK		OK	CMV N	PLACARD N
ighway, street, turnpike, p nfluence of alcohol and/or Describe driving behavior	CT TEST. POST	c place, or upon a private as prohibited by law.	road, street, alley or land	e which provides acce	ess to one o	more single of i	multi-family d	welling within	this state w	hile under the
		THE DEDCON V	VAS INFORMED OF TH	E IMBLIED CONSEN	JT TEST DE	OUEST				
REATH-ALCOHOL ANA	LYSIS RECORD, REPORT O						RD.			Section
QUIPMENT T - 8000	-	SERIAL	NUMBER S	PECIALIST	F TES					
STANDARD		00-	TARGET VALUE	PEF	RMIT NUMB					
Dry			0.080		. 6837	R INSTALLED		ATE CYLINE		
ILMO			009190			/2019		03/0!		
BSERVATION START 1240	TEST DATE 05/13/2019	MOUTHPIECE G		(or greater) des	-		1			
avs or more if you refu	0.00 0.00 0.00	13:06 13:08 13:09 S 13:09 13:10 13:10	NAME SMITH, JC BADGE # 00000004 AGENCY BOARD OF	DEPERATOR DESTIS OF THE STATE	oplicab Board o	le operati f Tests. 16837 enied for a period if you refuse	iod of one h	undred eigh	st(s)	esult /210L O O
afety must receive you he approved hearing ivision, Department of fine of not more than F erson's license, permit, ERVING OF NOTI	request for an admi request for an admi request form is available a Public Safety, P.O. Box 115 ive Hundred Dollars (\$500.0 or other evidence of driving CE: I personally hand-	nistrative hearing on the thitps://www.ok.gov/l. 15, OKC, OK 73136. It is 0), or by both such fine privilege is in the custor delivered a copy of	e Department approvides/documents/ReqH shall be a misdemeand and imprisonment, for dy of a law enforcement the above contain	ed form, within fifted learing.pdf. Submit or punishable by imp any person to apply at officer or the Depa ing the Notice of	en (15) day t your heari prisonment to y for a rener artment. Revocat	s from the date ng request form or not less than wal or a replace on to the pe	e you receive n in person a n seven (7) o ement licens erson name	d notice of r at 3600 N. M lays nor mo e to operate ed in Sect	revocation of MLK Ave. or re than six a motor ve	or disqualification by mail to Legation (6) months, or behicle while the
	Title 12 O.S. Section 42									Sectio
_{ate:} 05/13/2	2019 Place (location	n when signed):			Signature	of arresting	officer:			
AME	JOSHUA	J ,		AGENCY BOARD (STS				
SMITH, CADGE 0000043	AGENCY ADDRESS	GENCY		L DOARD () I I I	ZIP CODE	PHONE)5425	2460	II .
THER WITNESSE		OTINC I				100000	, = (, , , , , ,	2100	Sectio
NAME NAME	-0.		TITLE	ADDRESS			PH	ONE		
1 NAME			TITLE	ADDRESS			PH	ONE		
			1 '	1			1			

PLACARD

Ν

OK

Ν

OFFICER'S AFFIDAVIT AND NOTICE OF

REVO	CATION/	/DISQUAL	IFICAT:	ION		Section 1
ARREST TI		COUNTY# 55	89	CITATION # NONE		
		·	NONE		NONE	
T TEST			DATE OF BIRTH	1961 M	RACE HEIGHT 510	WEIGHT 165
LUTHER KING	A O	Y KLAHOMA CI:	ГҮ	STATE OK	731	
		EXPIRATION DATE 06/30/2		CLASS A	RESTRICTIONS	ENDORSEMENTS M

MOCK

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

MOCK SUBJECT TEST. POST REPAIR MAINTENANCE. NEW GAS CANISTER INSTALLED.

MOCK

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

SUBJEC

NONE

ARREST DATE

ADDRESS

DRIVER LICENSE # T083454871

VEHICLE MAKE

MOCK

05/13/2019 ARREST LOCATION NOEN SUBJECT NAME MOCK,

3600 MARTIN

	THE PERSON V	VAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST	
BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF TH	IE PERSON NAMED	IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.	Section 2
EQUIPMENT		NUMBER SPECIALIST	
I-8000	80-	-006156 BOARD OF TESTS	
STANDARD		TARGET VALUE PERMIT NUMBER	
Dry		0.080 16837	
MANUFACTURER		LOT# DATE CYLINDER INSTALLED	DATE CYLINDER EXPIRES
ILMO		00919080A1 05/13/2019	03/05/2021
OBSERVATION START TEST DATE	MOUTHPIECE	A 15-minute (or greater) deprivation/observation	
1240 05/13/2019	G	period was observed prior to and continuing	
RESULT TABLE		to the time of test administration.	THE STATE
Test g/210L	Time	to the time of test administration.	
		* 1 1 1 1 7 1 1 1 7 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Air Blank 0.00	13:06	I administered said Breath-Alcohol Test in	BATTA
Subject Test 0.00	13:06	compliance with the applicable operating	
Breath Volume 2.687 LITERS			2 1 1 + 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Air Blank 0.00	13:06	procedure of the Board of Tests.	F + 10
Wait	13:08		
Air Blank 0.00	13:08		
Subject Test 0.00	13:09	SIGNATURE OF OPERATOR	1907
Breath Volume 1.585 LITERS		313.11113112 31 31 21 11131	
Air Blank 0.00	13:09	NAME	T. D. I
Cal Check 0.07	13:10	SMITH, JOSHUA	Test Result
Air Blank 0.00	13:10	BADGE # PERMIT #	BrAC g/210L
		0000000435 0000016837	
		AGENCY	0.00
		BOARD OF TESTS	

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. To appeal the driver's license revocation/disqualification, the Department of Public Safety must receive your written request for an administrative hearing on the Department approved form, within fifteen (15) days from the date you received notice of revocation or disqualification. The approved hearing request form is available at https://www.ok.gov/dps/documents/ReqHearing.pdf. Submit your hearing request form in person at 3600 N. MLK Ave. or by mail to Legal Division, Department of Public Safety, P.O. Box 11415, OKC, OK 73136. It shall be a misdemeanor punishable by imprisonment for not less than seven (7) days nor more than six (6) months, or by a fine of not more than Five Hundred Dollars (\$500.00), or by both such fine and imprisonment, for any person to apply for a renewal or a replacement license to operate a motor vehicle while the person's license, permit, or other evidence of driving privilege is in the custody of a law enforcement officer or the Department.

SERVING OF NOTICE: I personally hand-delivered a copy of the above containing the Notice of Revocation to the person named in Section 1 above.

Date served: U5/1.	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."		
Date: 05/13/2019 Place (location when signed):		Signature of arresting officer:
SMITH, JOS	HUA	BOARD OF TESTS
0000000435	AGENCY ADDRESS INTER-AGENCY	ZIP CODE PHONE 00000 "4054252460"

0 - /1 0 /0010



Certificate of Analysis - Wet Bath 09-26-2018 Date of Analysis Labelled target value (g/210L) 18026 0.0204 Average test result (g/210L)



BRT Form 6.0

BOT Technician Name and Signature In accordance with BRT - 2.1.0, 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 18020 Alcohol Reference Solution for Simulator were analyzed by chromatography on January 11, 2018, using a Perkin Elmer Gas gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0238% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2020 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.

Signature Operator

RIPHA INSTRUMENT

Model 8000

09/26/2018

Test

Air Blank

Cal Check

Ric Blank

Cal Check

Fir Blank

:al Check

ir Blank

'al Check

lir Blank

al Check

ir Blank

Std Deu

al Check Stats Average

Rel Std Deu(%) 2.5312

Intoxilyzer - Alcohol Analyzer

q/210L

0.000

0.020

0.000

0.020

0.000 0.020

0.000

0.020

0.000

0.020

0.000

0.020

0.000

0.021

0.000

0.021

0.000

0.021

0.000

0.021

0.000

0.0204

0.0005

SN 80-002591

15:36

Time

15:36

15:37

15:37

15;38

15:39

15:39

15:40

15:41

15:41

15:42

15:42

15:43

15:44

15:44

15:45

15:46

15:46

15:47

15:47

15:48

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 5/1 09-26-18 Labelled target value (g/210L) Date of Analysis 0.0396



BRT Form 6.0

BOT Technician Name and Signature In accordance with BRT - 2.1.0, Maintenance, the above referenced simulator solution is

CERTIFICATE OF

A SNTARIE TO TUS SAF an external reference in maintenance of the intoxilyzer 8000.

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 17410 Alcohol Reference Solution for Simulator were analyzed by chromatography on December 7, 2017, using a Perkin Elmer Gas gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0481% (w/vol) ethyl alcohol. The expiration date for this lot number is December 6, 2019 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 INSTRUMENT Intoxilyzer - Alcohol Analyzer

g/210L

0.000

0.040

0.000

0.039

0.000

0.039

0.000

0.040

0.000

0.040

0.000

0.040

0.000

0.039

0.000

0.040

0.000

0.040

0.000

0.039

0.000

0.0396

0.0005

1.3040

SN 80-002591

15:54

Time

15:54

15:55

15:56

15:56

15:57

15:58

15:58

15:59

15:59

16:00

16:01

16:01

16:02

16:03

16:04

16:04

16:05

16:06

16:06

Model 8000

09/26/2018

Test

Air Blank

Cal Check

Air Blank

Average Std Deu

Cal Check Stats

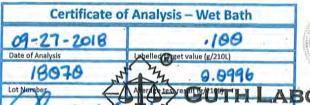
Rel Std Dev(4)

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.

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.



BOT Technician Name and Signature

ALPHA INSTRUMENT Intoxilyzer - Alcohol Analyzer

0/2101

0.000

0.100

0.100

0.000

0.099

0.000

0.100

0,000

0.100

0.000

0.100

0.000

0.099

0.000

0.099

0.000

0.099

0.000

0.100

0.000

0.0005

0.5184

SN 80-002591

Time

08:28

08:29

08:29

08:30

08:31

08:31 08:32

08:33

08:33

08:34

08:35

08:36

08:36

08:37

08:38

08:38

08:39 08:39

08:40

08:41

Model 8000

09/27/2018

Test

Air Blank

Cal Check

Rir Blank

Cal Check

Air Blank

Cal Check

Air Blank

Cal Check

Air Blank

Cal Check

Air Blank

Cal: Check

Air Blank

Cal Check Stats Average Std Deu

Rel Std Dev(%)

OUTH LABORATORIES, INC.
590 NORTH 67th STREET . HARRISBURG, PA 17111-4511 . TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BRT – 2.1.0, 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 18070 of

Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on February 28, 2018, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1219% (w/vol) ethyl alcohol. The expiration date for this lot
number is February 26, 2020 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.

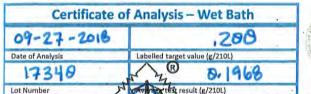
Operator's Signature

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN04271602 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



GUTH LABORATORIES, INC.

590 NORTH 67th STREET . HARRI

HARRISBURG, PA 17111-4511
 TELEPHONE: 717-564-5470

BRT Form 6.0

In accordance with BRT -2.1.0, 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 17340 of

Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on October 10, 2017, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.2410% (w/vol) ethyl alcohol. The expiration date for this lot
number is October 9, 2019 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 signature

ALPHR INSTRUMENT

Model 8000

09/27/2018

Air Blank

Cal Check

Rir Blank

al Check

air Blank

:al Check

ir Blank

al Check

ir Blank

Average Std Dev

al Check Stats

Rel Std Dev(%) 0.2142

Intoxilyzer - Alcohol Analyzer

g/210L

0.196

0.000

0.196

0.000

0.197

0,000

0.197

0.000

0.197

0.000

0.197

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SN 80-002591

15:27

Time

15:27

15:28

15:29

15:30

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15:33

15:33

15:34

15:35

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15:29

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.