



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

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 80-006156, in compliance with the agency's Maintenance Policy and Procedures.

Signed _____

Name of Position: Director/Records Custodian

Date of Attestation: 07/21/2022

Service Overview



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

BENCH CHECK DATE: 07/21/2022

SERIAL: 80-006156

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)



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Post Office Box 36307
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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. 80-006156 on 07/21/2022 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.: 07622080A2-042
 - BOT analysis average test result: 0.080
 - Cylinder expiration date: 05/05/2024
- 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 #			
DR2834	DR3694	DR2455	DR3470
Concentration			
.02	.04	.10	.20
LOT #			
21120	21070	22080	22050
Manufactured Date			
4/7/2021	3/1/2021	3/7/2022	2/7/2022
Expiration Date			
4/7/2023	3/1/2023	3/7/2022	2/7/2024
Solution Commission Date			
07/21/2022	07/21/2022	07/21/2022	07/21/2022

Completed by BOT Personnel:


Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator
Title


Signature Joshua Smith
Name

State Director
Title

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

BENCH CHECK DATE 07/21/2022	TIME PROCEDURE BEGAN 11:37:0	INSTRUMENT LOCATION 80-006156
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-006156

TEST RESULTS

Diagnostics

PASS

Mouth Alcohol Test

PASS

RFI Test

PASS

Abort Test

PASS

Improper Sample Test

PASS

Interferent Detect Test

PASS

No Sample Given Test

PASS

Insufficient Sample Test

PASS

Air Blank Contamination Test

PASS

Range Exceeded Test

PASS


Duplicate Breath Sampling Results

Value	Test 1	Test 2	Control Test
.02	0.021	0.021	0.021
.04	0.039	0.038	0.040
.10	0.101	0.100	0.102
.20	0.199	0.198	0.198

PASS

CERTIFYING TECHNICIAN

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

SIGNATURE 	DATE 7/21/22
NAME PAPE, CHRISTOPHER	PERMIT # 0000023020

Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-006156, 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 July 14, 2022

Signed



Technician

 **CMI** INC.

316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650517 Rev.A

CMI INC.

Service Evaluation Form

This form MUST be completed and enclosed with item to be serviced.
***** Hazardous Material Warning! – DO NOT return gas cylinder with instrument! *****

Note: Please ship items in their original shipping container.

Contact information:

Name Chris Pape **Phone:** (405) 425-2460
Email: christopher.pape@bot.ok.gov **Customer #** 731362 (contact Customer Service)

Your Billing Address

Agency Name: Board of Tests
Address: 3600 N ML King, Bldg 9
City: Oklahoma City **State:** OK **Zip:** 73111
Credit Card/PO #: _____
Name on Card: _____
Expiration Date: _____ **CVV** _____

Your Shipping Address

Agency Name: Board of Tests
Address: 3600 N ML King, Bldg 9
City: Oklahoma City **State:** OK **Zip:** 73111
Contact Person: Chris Pape
Contact Phone: (405) 425-2460
Email: christopher.pape@bot.ok.gov

Instrument Serial Number: 80-006156

Detailed Description of Problem:

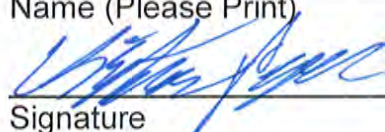
Unit will not post. **May or may not have records on the unit.** Breath hose has leak.

Note: For instruments not under warranty, an evaluation fee of \$83.⁰⁰ (infrared and I-200) or \$43.⁵⁰ (fuel cell), plus return shipping cost, will apply to all service items.

I authorize all repairs up to \$500 to be performed.

After repair, add "Certificate of Calibration" for: S-D2, S-D5, and I-800 (\$19)
 I-200, I-240, I-300, I-400, and I-600 (\$39)

Authorized By:

<u>Chris Pape</u>	<u>Breath Testing Admin</u>
Name (Please Print)	Title
	<u>12/30/2021</u>
Signature	Date

Ship item to:

CMI, Inc.
Attn: Service Dept.
316 East Ninth Street
Owensboro, KY 42303



SERVICE WORK ORDER

DATE: 1/6/2022

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

406608

Bill To:

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

Ship To:

Oklahoma Board Of Tests
 Blvd Adcu Annex Bldg #9
 3600 Martin Luther King
 Oklahoma City OK 73136-3000
 USA
 Phone: 405-425-2424

MODEL #: 002480OK

Serial Number: 80-006156

BILL CODE: Out of Warranty

EXTRA PARTS RCVD:

BH,KB,BATTERY COVER,GAS SHELF W/ REG

DESCRIPTION OF PROBLEM

UNIT WILL NOT POST. **MAY OR MAY NOT HAVE RECORDS ON THE UNIT.** BH HAS LEAK.

WORK PERFORMED:

System Board battery had no voltage; Breath Hose leaked; Data Flashes and Prom were corrupted; Replaced all parts listed;
 Calibrated and final tested; Software 8133.15.00;

PARTS USED

Seq. No.	Part	Description	Quantity
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
115	230115	IC,SMD,DATAFLASH,4MB,TSOP-28	1.00 EA
118	021307FL	HOSE ASSY,BREATH,18000	1.00 EA
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
130	690040	BATTERY,3VOLT,LITHIUM,CR2032	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: Hayden Schweikardt

SRV4066080001





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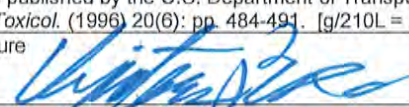
Joshua Smith
Director

Certificate of Analysis – Dry Gas

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
07/05/2022 13:34

Test	g/210L	Time
Air Blank	0.000	13:35
Cal Check	0.079	13:35
Air Blank	0.000	13:35
Cal Check	0.080	13:36
Air Blank	0.000	13:36
Cal Check	0.080	13:37
Air Blank	0.000	13:37
Cal Check	0.080	13:37
Air Blank	0.000	13:38
Cal Check	0.080	13:38
Air Blank	0.000	13:39
Cal Check	0.080	13:39
Air Blank	0.000	13:40
Cal Check	0.080	13:40
Air Blank	0.000	13:40
Cal Check	0.080	13:41
Air Blank	0.000	13:41
Cal Check	0.080	13:42
Air Blank	0.000	13:42
Cal Check	0.080	13:42
Air Blank	0.000	13:43
Cal Check Stats		
Average	0.0799	
Std Dev	0.0003	
Rel Std Dev (%)	0.3957	

**Known Breath-Alcohol Equivalent (g/210L) Ratio of Nitrogen and Ethanol Gas (208 ppm/105 L)
0.08 g/210L = 208 PPM ÷ 2605***

Manufacturer: ILMO	Manufacturer Cert. No.: 14727	Cylinder Size: 105L
Lot No.: 07622080A2	Cylinder No.: 42	Expiration Date: 05/05/2024
The above 105 L cylinder has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference standard meets the requirements for use as a calibrating unit in accordance with 47 O.S. 759, 40 OAC 25-1-3, and appears on the current conforming products list of calibrating units for breath alcohol testers published by the U.S. Department of Transportation in the Federal Register [77 FR 64588 et seq]. * See Dubowski, K.M. and Essary N., <i>Journal of Anal. Toxicol.</i> (1996) 20(6): pp. 484-491. [g/210L = PPM ÷ 2605].		
Signature 	Date: 07/05/2022	
Name Christopher Pape	Permit No.: 23020	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 14727 ✓
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 07622080A2 ✓
Expiration: 5/5/2024 ✓

RCVD
 5/12/22
 CP

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

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

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

Distributed by:
 CMI Inc.
 316 East Ninth Street
 Owensboro, KY 42303
 Phone 866-835-0690
www.alcoholtest.com

*Traceable to:
 Certified Reference Material - 251.8 µmol/mol
 Ethanol in Nitrogen - Serial No. CCI98518 Lot No. 111318E1

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

Specialist Gas Lab Tech

04-28-2022
 Issuance Date



The calibration results within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service.

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

10/20

Section 1

ARREST DATE 07/21/2022		ARREST TIME 1200		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT				CITY		COUNTY OKLAHOMA	
SUBJECT NAME NORTH, GAYLON LEVERNE				DATE OF BIRTH 08/09/1961		SEX M	HEIGHT 510
ADDRESS 3600 MARTIN LUTHER KING A				CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73133
DRIVER LICENSE # T083454871			EXPIRATION DATE 06/30/2019		STATE OK	CLASS A	RESTRICTIONS M
VEHICLE MAKE MOCK		MODEL MOCK		TAG # MOCK		STATE OK	CMV N
						PLACARD N	

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

(Describe driving behavior or circumstances):

MOCK SUBJECT TEST

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

ROUTINE MAINTENANCE, INSTALLED NEW CYLINDER

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 I-8000		SERIAL NUMBER 80-006156	SPECIALIST BOARD OF TESTS	
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020	
MANUFACTURER ILMO		LOT # 07622080A2	DATE CYLINDER INSTALLED 07/21/2022	DATE CYLINDER EXPIRES 05/05/2024
OBSERVATION START 1210	TEST DATE 07/21/2022	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;"><i>Christopher Pape</i> SIGNATURE OF OPERATOR</p>		
RESULT TABLE				
Test	g/210L	Time		
Air Blank	0.00	12:30		
Subject Test	0.00	12:31		
Breath Volume	1.902 LITERS			
Air Blank	0.00	12:31		
Wait		12:33		
Air Blank	0.00	12:33		
Subject Test	0.00	12:34		
Breath Volume	2.222 LITERS			
Air Blank	0.00	12:34		
Cal Check	0.08	12:34		
Air Blank	0.00	12:35		
NAME PAPE, CHRISTOPHER			BADGE # 0000000484	
			PERMIT # 0000023020	
AGENCY BOARD OF TESTS				



Test Result BrAC g/210L <h2 style="margin: 0;">0.00</h2>
--

EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below. You may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS). Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of fees you will be required to pay to the State. You must request IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136.

Section 3

SERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the Notice of Department Impaired Driving Accountability Program to the person named in Section 1 above.

Date served: _____ Signature of officer: _____ Badge #: _____

In accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct."

Section 4

Date: _____ Place (location when signed): _____ Signature of arresting officer: _____

NAME PAPE, CHRISTOPHER		AGENCY BOARD OF TESTS	
BADGE 0000000484	AGENCY ADDRESS INTER-AGENCY	ZIP CODE 00000	PHONE 4054252460

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

11/20

Section 1

ARREST DATE 07/21/2022		ARREST TIME 1200		COUNTY # 55	CITY #	CITATION #	
ARREST LOCATION BOT					CITY	COUNTY OKLAHOMA	
SUBJECT NAME NORTH, GAYLON LEVERNE				DATE OF BIRTH 08/09/1961	SEX M	HEIGHT 510	WEIGHT 165
ADDRESS 3600 MARTIN LUTHER KING A			CITY OKLAHOMA CITY		STATE OK	ZIP CODE 73133	
DRIVER LICENSE # T083454871			EXPIRATION DATE 06/30/2019	STATE OK	CLASS A	RESTRICTIONS	ENDORSEMENTS M
VEHICLE MAKE MOCK		MODEL MOCK		TAG # MOCK	STATE OK	CMV N	PLACARD N

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

(Describe driving behavior or circumstances):

MOCK SUBJECT TEST


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

ROUTINE MAINTENANCE, INSTALLED NEW CYLINDER

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 I-8000		SERIAL NUMBER 80-006156	SPECIALIST BOARD OF TESTS	
STANDARD Dry		TARGET VALUE 0.080	PERMIT NUMBER 23020	
MANUFACTURER ILMO		LOT # 07622080A2	DATE CYLINDER INSTALLED 07/21/2022	DATE CYLINDER EXPIRES 05/05/2024
OBSERVATION START 1210	TEST DATE 07/21/2022	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p style="text-align: center;"><i>Christopher Pape</i> SIGNATURE OF OPERATOR</p>		
RESULT TABLE				
Test	g/210L	Time		
Air Blank	0.00	12:30		
Subject Test	0.00	12:31		
Breath Volume	1.902 LITERS			
Air Blank	0.00	12:31		
Wait		12:33		
Air Blank	0.00	12:33		
Subject Test	0.00	12:34		
Breath Volume	2.222 LITERS			
Air Blank	0.00	12:34		
Cal Check	0.08	12:34		
Air Blank	0.00	12:35		
NAME PAPE, CHRISTOPHER		BADGE # 0000000484		PERMIT # 0000023020
AGENCY BOARD OF TESTS				
Test Result BrAC g/210L 0.00				

EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED. Notice of Revocation is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below.

You may be eligible to participate in the Impaired Driver Accountability Program (IDAP) administered by the Department of Public Safety (DPS). Completion of IDAP may prevent a revocation as a result of this arrest from appearing on your driving record. Participation in IDAP may reduce the amount of fees you will be required to pay to the State. You must request IDAP within thirty (30) days of the date listed below. Mail the request for IDAP to the Department of Public Safety at P.O. Box 11415, Oklahoma City, OK 73136.

SERVING OF NOTICE: I personally hand delivered a copy of the above containing the Notice of Revocation and the Notice of Department Impaired Driving Accountability Program to the person named in Section 1 above.

Date served: _____ Signature of officer: _____ Badge #: _____

In accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct." Section 4

Date: _____ Place (location when signed): _____ Signature of arresting officer: _____

NAME PAPE, CHRISTOPHER		AGENCY BOARD OF TESTS	
BADGE 0000000484	AGENCY ADDRESS INTER-AGENCY	ZIP CODE 00000	PHONE 4054252460



12/20

STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

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

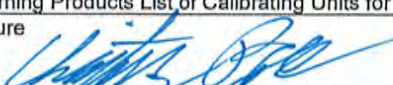
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 11:33

Test	g/210L	Time
Air Blank	0.000	11:34
Cal Check	0.022	11:34
Air Blank	0.000	11:35
Cal Check	0.021	11:36
Air Blank	0.000	11:36
Cal Check	0.021	11:37
Air Blank	0.000	11:37
Cal Check	0.021	11:38
Air Blank	0.000	11:38
Cal Check	0.021	11:39
Air Blank	0.000	11:40
Cal Check	0.021	11:40
Air Blank	0.000	11:41
Cal Check	0.020	11:42
Air Blank	0.000	11:42
Cal Check	0.021	11:43
Air Blank	0.000	11:43
Cal Check	0.021	11:44
Air Blank	0.000	11:45
Cal Check	0.020	11:45
Air Blank	0.000	11:46
Cal Check Stats		
Average	0.0209	
Std Dev	0.0005	
Rel Std Dev (%)	2.7158	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 04/07/2021	Concentration: 0.02
Lot No.: 21120	Expiration Date: 04/07/2023	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name Christopher Pape	Permit No.: 23020	



13/20

STATE OF OKLAHOMA BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

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

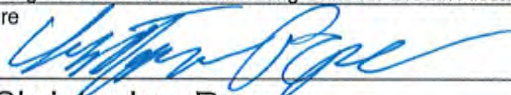
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT 2
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004923
03/08/2022 11:53

Test	g/210L	Time
Air Blank	0.000	11:53
Cal Check	0.041	11:54
Air Blank	0.000	11:54
Cal Check	0.041	11:55
Air Blank	0.000	11:56
Cal Check	0.042	11:56
Air Blank	0.000	11:57
Cal Check	0.042	11:58
Air Blank	0.000	11:58
Cal Check	0.042	11:59
Air Blank	0.000	11:59
Cal Check	0.041	12:00
Air Blank	0.000	12:01
Cal Check	0.041	12:01
Air Blank	0.000	12:02
Cal Check	0.041	12:02
Air Blank	0.000	12:03
Cal Check	0.041	12:04
Air Blank	0.000	12:04
Cal Check	0.042	12:05
Air Blank	0.000	12:05
Cal Check Stats		
Average	0.0414	
Std Dev	0.0005	
Rel Std Dev(%)	1.2473	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.		
Manufacturer: Guth	Manufactured Date: 03/01/2021	Concentration: 0.04
Lot No.: 21070	Expiration Date: 03/01/2023	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 03/08/2022	
Name: Christopher Pape	Permit No.: 23020	



**STATE OF OKLAHOMA
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

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

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

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT

Intoxilyzer - Alcohol Analyzer

Model 8000

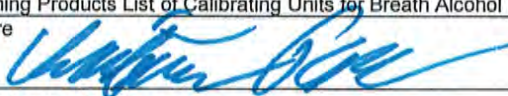
SN 80-002591

06/27/2022

11:40

Test	g/210L	Time
Air Blank	0.000	11:40
Cal Check	0.100	11:41
Air Blank	0.000	11:41
Cal Check	0.100	11:42
Air Blank	0.000	11:43
Cal Check	0.100	11:43
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	0.101	11:47
Air Blank	0.000	11:48
Cal Check	0.101	11:49
Air Blank	0.000	11:49
Cal Check	0.101	11:50
Air Blank	0.000	11:50
Cal Check	0.100	11:51
Air Blank	0.000	11:52
Cal Check	0.100	11:52
Air Blank	0.000	11:53
Cal Check Stats		
Average	0.1003	
Std Dev	0.0004	
Rel Std Dev (%)	0.4815	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.

Manufacturer: Guth	Manufactured Date: 03/07/2022	Concentration: 0.10
Lot No.: 22080	Expiration Date: 03/07/2024	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 06/27/2022	
Name Christopher Pape	Permit No.: 23020	



**STATE OF OKLAHOMA
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE**

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Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT

Intoxilyzer - Alcohol Analyzer

Model 8000

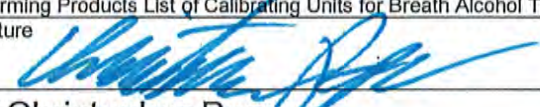
SN 80-002591

06/27/2022

11:11

Test	g/210L	Time
Air Blank	0.000	11:11
Cal Check	0.199	11:12
Air Blank	0.000	11:12
Cal Check	0.200	11:13
Air Blank	0.000	11:14
Cal Check	0.200	11:14
Air Blank	0.000	11:15
Cal Check	0.200	11:16
Air Blank	0.000	11:16
Cal Check	0.201	11:17
Air Blank	0.000	11:17
Cal Check	0.200	11:18
Air Blank	0.000	11:19
Cal Check	0.201	11:19
Air Blank	0.000	11:20
Cal Check	0.200	11:21
Air Blank	0.000	11:21
Cal Check	0.200	11:22
Air Blank	0.000	11:23
Cal Check	0.201	11:23
Air Blank	0.000	11:24
Cal Check Stats		
Average	0.2002	
Std Dev	0.0006	
Rel Std Dev(%)	0.3159	

NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.

Manufacturer: Guth	Manufactured Date: 02/07/2022	Concentration: 0.20
Lot No.: 22050	Expiration Date: 02/07/2024	Equipment Model: Guth 2100
The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration.		
Signature 	Date: 06/27/2022	
Name Christopher Pape	Permit No.: 23020	

**GUTH LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 16, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0237%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 7, 2023** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.020 g/210L +/- 3%**.

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

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08031603 whose values are traceable to NIST.

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

RCV'D
8/26/21
CP

**GUTH LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSISRCV'D
8/26/21
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21070** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 2, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0488%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 1, 2023** at 11:59 PM.

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

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

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08211802 whose values are traceable to NIST.

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

**GUTH LABORATORIES, INC.**

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CERTIFICATE OF ANALYSISRCVD
5/9/2022
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 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 **0.100 g/210L +/- 3%**.

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

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN03052002** whose values are traceable to NIST.

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

**GUTH LABORATORIES, INC.**

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CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22050** ✓ of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2437%** (w/vol) ethyl alcohol. The expiration date for this lot number is **February 7, 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.

RCVD
5/9/2022
CP

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN06231703** whose values are traceable to NIST.

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

<u>Location Returned From</u> Edmond PD	<u>Unit Serial #</u> 80-006156	<u>Date:</u> 20/20 12/13/21
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Inventory Process

Old Cylinder #: 34520080A1-032

Unit checked in to BOT
 Unlink Gas Canister from Unit
 Old cylinder disposed in inventory
 New Unit Checked out
 Remove old cylinder from unit (After Lab Evaluation)
 Old cylinder archived

Check in Procedure

Connect unit to ethernet connection 172.019.004. 136
 Download any stored records _____
 Change unit location to Serial number
 Update Unit Date and time
 Previous time: _____
 New Time: _____
 Execute a new Forms load on the unit

Notes from the Field

Routine Swap
 Issues in the Field
 Unit will not post after switched on.

Lab Evaluation

Breath Hose Hold Vacuum?: Test Chamber Hold Vacuum?:

DVM

3µm _____ Chamber Temp _____ Snap Test ok?
 9µm _____ Breath Hose Temp _____ RFI Detected?

Peripheral Tests

Speaker (F5) Power LED Green (F6) Red (F7) Fan (F9)
 Gas Regulator (F11) Pump (F10) Receipt paper

Atmospheric Sensor Flow Sensor Tank Sensor

Pressure _____ Correction Factor _____ Resistance _____ Value _____ Tank Sensor Value? Yes / No

Sent to CMI (If needed) Reason Sent

Date Sent 12/30/21 **Unit will not post. **May or may not have records on the unit.****
 Invoice Sent 5/12/22
 Date Returned 7/20/22

Repairs needed:

Repairs Made:

Ready for Bench Check?

<u>Inventory Process</u>	<u>To complete if unit sent to CMI</u>
<input type="checkbox"/> Linked Cylinder to Unit <input type="checkbox"/> Changed Unit Status <input type="checkbox"/> Bench Check Report Completed <input type="checkbox"/> Bench Check Technician Report <input type="checkbox"/> Mock Subject Test Completed <input type="checkbox"/> Certificate of Calibration and Operation <input type="checkbox"/> Service Overview Completed	<input type="checkbox"/> CMI Workorder <input type="checkbox"/> CMI Certificate of Calibration _____ <input type="checkbox"/> CMI Service Evaluation Form