



**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](http://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 80-006159 , in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of 16 pages.

Signed \_\_\_\_\_

Name of Position: Director/Records Custodian

Date of Attestation: 06/08/2021

# Service Overview

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



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

**BENCH CHECK DATE:** 06-28-2021

**SERIAL:** 80-006159

## **DOCUMENTATION WITHIN SERVICE PACKET:**

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



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

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

**Certificate of Calibration and Operation**

This is to certify that the calibration of **INTOXILYZER 8000**, serial number 80-006159, 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
Manufacturer Calibration	07-24-15
Board of Tests Bench Check	08-17-15
Board of Tests Bench Check	05-30-17
Board of Tests Bench Check	04-29-19
Manufacturer Calibration	06-15-21
Board of Tests Bench Check	06-28-21



Presentation of this form certifies that the Intoxilyzer, SN: 80-006159, 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

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-006159, 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 15, 2021 Signed Alice Foler  
Technician



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

Part No. 650517 Rev.A

**STATE OF OKLAHOMA - DEPARTMENT OF PUBLIC SAFETY  
CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT**

BENCH CHECK DATE 06/28/2021	TIME PROCEDURE BEGAN 12:24	INSTRUMENT LOCATION 80-006159
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-006159

**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

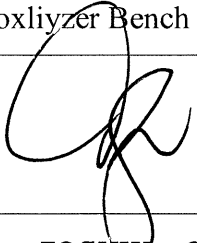
**Duplicate Breath Sampling Results**

Value	Test 1	Test 2	Control Test
.02	0.017	0.016	0.018
.04	0.035	0.034	0.035
.10	0.096	0.096	0.097
.20	0.195	0.193	0.193

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 06/28/2021
NAME SMITH, JOSHUA C	PERMIT # 16837



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

# BENCH CHECK TECHNICIAN'S REPORT

**Date:** 06/28/2021

**Start Time:** 12:15

**End Time:** 13:40

## INSTRUMENT

Intoxilyzer Model	Serial #
8000	80-006159

## GAS CANISTER

LOT #	EXP Date
11821080A2-005	06-05-2023

## REFERENCE

Simulator Model			
Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR2834	DR3700	DR2455	DR3470
Concentration			
.02	.04	.10	.20
LOT #			
20070	20060	20190	20160
Manufactured Date			
02/13/2020	02/10/2020	04/06/2020	03/18/2020
Expiration Date			
02/13/2022	02/10/2022	04/06/2022	03/18/2022
Solution Commission Date			
6/3/2021	6/3/2021	6/18/2021	6/18/2021

## REASON FOR BENCH CHECK

- POST REPAIR   
  CYLINDER REPLACEMENT  
 TROUBLESHOOTING   
  ROUTINE MAINTENANCE

## COMMENTS


\_\_\_\_\_  
 Technician Signature / Permit #

Joshua Smith                      #16837  
 Printed Name

**Certificate of Analysis – Dry Gas**

6/17/2021	0.080
Date of Analysis	Labelled target value (g/210L)
005	0.081
Cylinder #	Average test result
Christopher Pape <i>Christopher Pape</i> 23020	
30T Technician Name and Signature	



8/16

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-002591  
06/17/2021 08:47

In accordance with BOT Policy and Procedure Statement BRT-2.2.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.  
7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790  
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Test	g/210L	Time
Air Blank	0.000	08:47
Cal Check	0.081	08:47
Air Blank	0.000	08:48
Cal Check	0.080	08:48
Air Blank	0.000	08:49
Cal Check	0.081	08:49
Air Blank	0.000	08:50
Cal Check	0.081	08:50
Air Blank	0.000	08:51
Cal Check	0.081	08:51
Air Blank	0.000	08:51
Cal Check	0.081	08:52
Air Blank	0.000	08:52
Cal Check	0.082	08:53
Air Blank	0.000	08:53
Cal Check	0.081	08:53
Air Blank	0.000	08:54
Cal Check	0.081	08:54
Air Blank	0.000	08:55
Cal Check	0.081	08:55
Air Blank	0.000	08:56
Cal Check Stats		
Average	0.0810	
Std Dev	0.0004	
Rel Std Dev(%)	0.5819	

**Certificate of Analysis**

**Certificate ID:** 13921  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 11821080A2  
**Expiration:** 6/5/2023

*RCVD  
6/10/21  
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 Str  
Owensboro, KY 4  
Phone 866-835-06  
[www.alcoholtest.com](http://www.alcoholtest.com)

*Christopher Pape*  
Operator's Signature

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

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

*Josh Lewis*  
Specialty Gas Lab Tech  
*Travis Nelson*

05-27-2021  
Issuance Date



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





### Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.  
Failure to complete and return this form may cause delays in service.

(Note: please ship items in their original shipping container(s) or a similar protective box.)

1. Contact information: Customer Number **731362** (contact Customer Service)  
 Name: **Board of Tests** Phone: **(405) 425 2460**  
 Fax: **(405) 425 2490** Email: **christopher.pape@bot.ok.gov**

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

3. Serial Number: **80-006159** Instrument Model: **Intoxilyzer 500 / 8000**

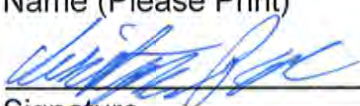
4. Detailed Description of Problem:  
**3µm and 9µm values very close together. 3µm= 12977 / 9µm= 13116.**  
**Flow sensor value at 88, please replace sensor.**  
**Breath Hose has a leak.**

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

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

Authorized By:

Ship to:

**Chris Pape** **Breath Testing Admin**  
 Name (Please Print) Title  
 **4/8/2021**  
 Signature Date

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

Call: 405-425-2460 or email

No, please send estimate before repairs are made.

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



## SERVICE WORK ORDER

DATE: 4/13/2021

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

405916

**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 #:** 0024800K**Serial Number:** 80-006159**BILL CODE:** Out of Warranty**EXTRA PARTS RCVD:**

N/A

**DESCRIPTION OF PROBLEM**

3UM AND 9UM VALUES VERY CLOSE TOGETHER. 3UM=12977/ 9UM=13116. FLOW SENSOR VALUE AT 88, PLEASE REPLACE SENSOR. BREATH HOSE HAS A LEAK.

**WORK PERFORMED:**

- Break hose / leaked
- Flow sensor / R value low
- Replaced parts listed
- Reset gains
- Loaded software and forms
- Calibrated and final tested

**PARTS USED**

Seq. No.	Part	Description	Quantity
50	210120	SENSOR,SMD,PRESSURE	1.00 EA
60	021307	HOSE ASSY,BREATH,18000	1.00 EA
70	402752	SCR,M3.5X12 POZI CSK MC,BRIGHT	1.00 EA
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP,PLASTIC,.25IDx.50LG,RED	3.00 EA
110	470154	CAP,PLSTC,.406IDx.438-.562,RED	1.00 EA
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
140	021354	CABLE ASSY,PHONE	0.00 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: Leanna Shelnett

SRV4059160001





Certificate of Analysis - Wet Bath	
8/11/2020	0.020
Date of Analysis	Labelled Value (g/210L)
20070	0.020
Lot Number	Average Result (g/210L)
Christopher P. [Signature] BOT Technician Name and Signature	

BRT Form 6.0

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

CERTIFICATE OF ANALYSIS

ACV'D  
6/1/2020  
CP

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
08/11/2020 09:42

Test	g/210L	Time
Air Blank	0.000	09:42
Cal Check	0.020	09:43
Air Blank	0.000	09:43
Cal Check	0.020	09:44
Air Blank	0.000	09:45
Cal Check	0.020	09:45
Air Blank	0.000	09:46
Cal Check	0.020	09:47
Air Blank	0.000	09:47
Cal Check	0.021	09:48
Air Blank	0.000	09:48
Cal Check	0.020	09:49
Air Blank	0.000	09:49
Cal Check	0.020	09:50
Air Blank	0.000	09:51
Cal Check	0.020	09:51
Air Blank	0.000	09:52
Cal Check	0.020	09:53
Air Blank	0.000	09:53
Cal Check	0.019	09:54
Air Blank	0.000	09:54
Cal Check Stats		
Average	0.0200	
Std Dev	0.0004	
Rel Std Dev(%)	2.3569	

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20070 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 17, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0242% (w/vol) ethyl alcohol. The expiration date for this lot number is February 13, 2022 at 11:59 PM.

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

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

[Signature]  
Operator's Signature

[Signature]  
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	
7/22/2020	0.040
Date of Analysis	Labelled target value (g/210L)
20060	0.040
Lot Number	Target Test Result (g/210L)
Christopher Pauley	
BOT Technician Name and Signature	



**GUTH LABORATORIES, INC.**  
 600 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470  
 BRT Form 6.0

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

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

RCV'D  
6/1/20  
CP

ALPHA UNIT SUB  
 Intoxilyzer – Alcohol Analyzer  
 Model 8000 SN 80-003400  
 07/22/2020 14:57

Random Samples of Lot Number **20060** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **February 11, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0483%** (w/vol) ethyl alcohol. The expiration date for this lot number is **February 10, 2022** at 11:59 PM.

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

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

Test	g/210L	Time
Air Blank	0.000	14:57
Cal Check	0.040	14:58
Air Blank	0.000	14:59
Cal Check	0.039	14:59
Air Blank	0.000	15:00
Cal Check	0.039	15:01
Air Blank	0.000	15:01
Cal Check	0.039	15:02
Air Blank	0.000	15:02
Cal Check	0.039	15:03
Air Blank	0.000	15:04
Cal Check	0.039	15:04
Air Blank	0.000	15:05
Cal Check	0.040	15:06
Air Blank	0.000	15:06
Cal Check	0.040	15:07
Air Blank	0.000	15:07
Cal Check	0.040	15:08
Air Blank	0.000	15:09
Cal Check	0.040	15:09
Air Blank	0.000	15:10
Cal Check Stats		
Average	0.0395	
Std Dev	0.0005	
Rel Std Dev(%)	1.3342	

Ted L. Pauley, President  
 GUTH LABORATORIES, INC.

Operator's Signature

*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.

Certificate of Analysis - Wet Bath



13/16

06/16/20	.100
Date of Analysis	Labelled target value (g/210L)
20190	.098
Lot Number	Actual test result (g/210L)
Josh Smith	
BOT Technician Name and Signature	

GUTH LABORATORIES, INC.

1000 N. MARKET ST., PHILADELPHIA, PA 19104-4511 • TELEPHONE: 717-564-5470

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

Rec'd  
06/11/2020  
*[Signature]*

CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
06/16/2020

SN 80-002591  
16:18

Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	16:18
Cal Check	0.099	16:19
Air Blank	0.000	16:20
Cal Check	0.098	16:20
Air Blank	0.000	16:21
Cal Check	0.097	16:22
Air Blank	0.000	16:22
Cal Check	0.098	16:23
Air Blank	0.000	16:24
Cal Check	0.098	16:24
Air Blank	0.000	16:25
Cal Check	0.098	16:26
Air Blank	0.000	16:26
Cal Check	0.098	16:27
Air Blank	0.000	16:27
Cal Check	0.097	16:28
Air Blank	0.000	16:29
Cal Check	0.098	16:29
Air Blank	0.000	16:30
Cal Check	0.098	16:31
Air Blank	0.000	16:31
Cal Check Stats		
Average	0.0979	
Std Dev	0.0005	
Rel Std Dev(%)	0.5798	

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

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

*[Signature]*  
Operator's Signature  
16037

*[Signature]*  
Ted L. Pauley, President  
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN02271802 whose values are traceable to NIST. 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	
07/07/2020	0.200
Date of Analysis	Labeled (Cert) value (g/210L)
20160	0.197
Lot Number	Average (Cert) value (g/210L)
Christopher Page	0.200
BOT Technician Name and Signature	



**GUTH LABORATORIES, INC.**  
 620 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-8470

BRT Form 6.0

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

### CERTIFICATE OF ANALYSIS

*Rec'd  
05/20/20  
CP*

Certified Alcohol Reference Solution for Simulator

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

test	g/210L	Time
r Blank	0.000	15:26
l Check	0.196	15:26
r Blank	0.000	15:27
l Check	0.196	15:28
r Blank	0.000	15:28
l Check	0.197	15:29
r Blank	0.000	15:29
l Check	0.196	15:30
r Blank	0.000	15:31
l Check	0.198	15:31
r Blank	0.000	15:32
l Check	0.198	15:33
r Blank	0.000	15:33
l Check	0.197	15:34
r Blank	0.000	15:35
l Check	0.198	15:35
r Blank	0.000	15:36
l Check	0.198	15:37
r Blank	0.000	15:37
l Check	0.197	15:38
r Blank	0.000	15:38

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

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

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

*Christopher Page*  
 Operator's Signature

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

**NIST Traceability:**

Testing was conducted using Cerilliant Reference Standard lot number **FN08101505** whose values are traceable to NIST.

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

# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

15/16

Section 1

ARREST DATE <b>06/28/2021</b>		ARREST TIME <b>1200</b>		COUNTY # <b>55</b>	CITY # <b>55</b>	CITATION # <b>5500</b>		
ARREST LOCATION <b>MOCK</b>				CITY <b>MOCK</b>		COUNTY <b>MOCK</b>		
SUBJECT NAME <b>NORTH, GAYLON LEVERNE</b>				DATE OF BIRTH <b>08/09/1961</b>	SEX <b>M</b>	RACE <b>W</b>	HEIGHT <b>510</b>	WEIGHT <b>165</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>			CITY <b>OKLAHOMA CITY</b>		STATE <b>OK</b>	ZIP CODE <b>73133</b>		
DRIVER LICENSE # <b>T083454871</b>			EXPIRATION DATE <b>06/30/2019</b>	STATE <b>OK</b>	CLASS <b>A</b>	RESTRICTIONS	ENDORSEMENTS <b>M</b>	
VEHICLE MAKE <b>MOCK</b>		MODEL <b>MOCK</b>		TAG # <b>MOCK</b>		STATE <b>OK</b>	CMV <b>N</b>	PLACARD <b>N</b>

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

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST**

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

**POST REPAIR MAINTENANCE. NEW GAS CANISTER INSTALL.**

**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 <b>I-8000</b>		SERIAL NUMBER <b>80-006159</b>	SPECIALIST <b>BOARD OF TESTS</b>																																			
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>																																			
MANUFACTURER <b>ILMO</b>		LOT # <b>11821080A2</b>	DATE CYLINDER INSTALLED <b>06/28/2021</b>	DATE CYLINDER EXPIRES <b>06/05/2023</b>																																		
OBSERVATION START <b>1230</b>	TEST DATE <b>06/28/2021</b>	MOUTHPIECE <b>G</b>	<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>SIGNATURE OF OPERATOR _____</p>																																			
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NAME <b>SMITH, JOSHUA C</b>		BADGE # <b>435</b>	PERMIT # <b>16837</b>																																			
AGENCY <b>BOT</b>																																						



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: **06/28/2021** 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: **06/28/2021** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME <b>SMITH, JOSHUA C</b>		AGENCY <b>BOT</b>	
BADGE <b>435</b>	AGENCY ADDRESS	ZIP CODE	PHONE

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

No Temporary License Issued:  
Test Below Legal Limit

# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

16/16

Section 1

ARREST DATE <b>06/28/2021</b>		ARREST TIME <b>1200</b>		COUNTY # <b>55</b>	CITY # <b>55</b>	CITATION # <b>5500</b>	
ARREST LOCATION <b>MOCK</b>				CITY <b>MOCK</b>		COUNTY <b>MOCK</b>	
SUBJECT NAME <b>NORTH, GAYLON LEVERNE</b>				DATE OF BIRTH <b>08/09/1961</b>	SEX <b>M</b>	RACE <b>W</b>	HEIGHT <b>510</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>				CITY <b>OKLAHOMA CITY</b>		STATE <b>OK</b>	ZIP CODE <b>73133</b>
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VEHICLE MAKE <b>MOCK</b>		MODEL <b>MOCK</b>		TAG # <b>MOCK</b>		STATE <b>OK</b>	CMV <b>N</b>
						PLACARD <b>N</b>	

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

(Describe driving behavior or circumstances):

**MOCK SUBJECT TEST**

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

**POST REPAIR MAINTENANCE. NEW GAS CANISTER INSTALL.**

### 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 <b>I-8000</b>		SERIAL NUMBER <b>80-006159</b>	SPECIALIST <b>BOARD OF TESTS</b>																																					
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Date served: **06/28/2021** 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: **06/28/2021** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME <b>SMITH, JOSHUA C</b>		AGENCY <b>BOT</b>	
BADGE <b>435</b>	AGENCY ADDRESS	ZIP CODE	PHONE

No Temporary License Issued:  
Test Below Legal Limit

ARRESTEE'S COPY  
BOT Form AFF02 03/2020