



**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**

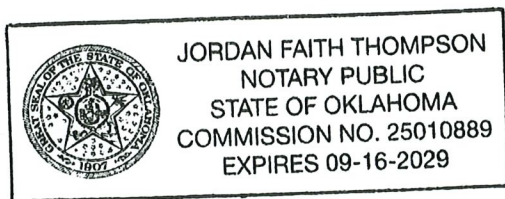
I, the undersigned Joshua Smith (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the 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 80-003310, in compliance with the agency's Maintenance Policy and Procedures.

Signed \_\_\_\_\_

Joshua Smith

Name of Position: Director/Records Custodian



State of Oklahoma

County of Oklahoma

Signed or attested before me on 10/07/2025

by Joshua Smith.

Jordan Faith Thompson

(Signature of notarial officer)

# 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



2/20

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

BENCH CHECK DATE: 9/11/2023

SERIAL: 80-003310

## 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)



3/20

**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

**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. 80-003310 on 9/11/2023 in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.
- A dry gas canister appearing on the National Highway Traffic Safety Administration's Conforming Products List of Calibrating Units for Breath Alcohol Testers (77 FR 64588 *et seq*) and approved in accordance with 40 O.A.C. 25-1-3 and BOT maintenance policy was installed.
  - Manufacturer: ILMO Unit: 208 ppm / 105 L
  - Cylinder Lot No. - Canister No.: 08223080A4-035
  - BOT analysis average test result: 0.081
  - Cylinder expiration date: 6/5/2025
- In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

| Simulator Model          |            |           |            |
|--------------------------|------------|-----------|------------|
| Guth 2100                | Guth 2100  | Guth 2100 | Guth 2100  |
| Serial #                 |            |           |            |
| DR2834                   | DR3694     | DR2455    | DR3470     |
| Concentration            |            |           |            |
| .02                      | .04        | .10       | .20        |
| LOT #                    |            |           |            |
| 23060                    | 22460      | 23180     | 22400      |
| Manufactured Date        |            |           |            |
| 2/28/2023                | 12/28/2022 | 5/17/2023 | 10/12/2022 |
| Expiration Date          |            |           |            |
| 2/28/2025                | 12/28/2024 | 5/17/2025 | 10/12/2024 |
| Solution Commission Date |            |           |            |
| 9/6/2023                 | 9/6/2023   | 9/6/2023  | 9/6/2023   |

Completed by BOT Personnel:

  
Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator  
Title

Certified by:  
  
Signature Name Joshua Smith

State Director  
Title



# STATE OF OKLAHOMA - BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

## CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT

|                                       |  |  |
|---------------------------------------|--|--|
| BENCH CHECK DATE<br><b>09/11/2023</b> | TIME PROCEDURE BEGAN<br><b>14:14:2</b> | INSTRUMENT LOCATION<br><b>80-003310</b>      |
| INSTRUMENT TYPE<br><b>Intoxilyzer</b> | INSTRUMENT MODEL<br><b>I-8000</b>      | INSTRUMENT SERIAL NUMBER<br><b>80-003310</b> |

### 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   | 0.018  | 0.018  | 0.019        |
| .04   | 0.038  | 0.037  | 0.039        |
| .10   | 0.097  | 0.096  | 0.098        |
| .20   | 0.197  | 0.197  | 0.195        |

**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<br> | DATE<br><b>9/11/23</b>        |
| NAME<br><b>PAPE, CHRISTOPHER</b>   | PERMIT #<br><b>0000023020</b> |

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 86-003310, 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 11, 2023 Signed Brandy Blair  
Technician



316 East 9<sup>th</sup> 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:** 80-003310

### Detailed Description of Problem:

Unit failed the snap test on 9µm channel. \*\* out when performing the snap test. Breath hose is also leaking.

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:

|   |                      |
|---|----------------------|
| Chris Pape  | Breath Testing Admin |
| Name (Please Print)   | Title                |
|  | 5/12/2023            |
| Signature   | Date                 |

Ship item to:

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



## SERVICE WORK ORDER

DATE: 5/23/2023

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

407815

## 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: 80-003310

BILL CODE: Out of Warranty

## EXTRA PARTS RCVD:

BH, KB, BATTERY, GAS SHELF

## DESCRIPTION OF PROBLEM

UNIT FAILED THE SNAP TEST ON 9µM CHANNEL. \*\*OUT WHEN PERFORMING THE SNAP TEST. BREATH HOSE IS ALSO LEAKING.

## WORK PERFORMED:

Replaced parts listed; 8133.16.00 software; calibrated and final tested

## PARTS USED

| Seq. No. | Part   | Description                    | Quantity |
|----------|--------|--------------------------------|----------|
| 100      | 650517 | CERTIFICATE OF CALIBRATION     | 2.00 EA  |
| 110      | 441169 | COVER DUST,5/8in x 1/2in       | 1.00 EA  |
| 120      | 470145 | CAP,PLASTIC,.25IDx.50LG,RED    | 3.00 EA  |
| 130      | 470154 | CAP,PLSTC,.406IDx.438-.562,RED | 1.00 EA  |
| 140      | 470218 | SEAL,TAMPER EVIDENT,SERVICE    | 1.00 EA  |
| 150      | 021357 | SOLENOID ASSY,18000            | 1.00 EA  |

## LABOR / TESTING

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

Technician Name: Zack Robbins

SRV4078150001





**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 – Dry Gas**

ALPHA INSTRUMENT

Intoxilyzer – Alcohol Analyzer

Model 8000

SN 80-002591

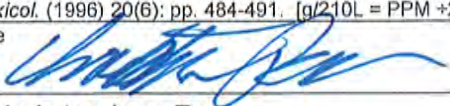
07/24/2023

10:45

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 10:45 |
| Cal Check       | 0.081  | 10:46 |
| Air Blank       | 0.000  | 10:46 |
| Cal Check       | 0.081  | 10:47 |
| Air Blank       | 0.000  | 10:47 |
| Cal Check       | 0.081  | 10:47 |
| Air Blank       | 0.000  | 10:48 |
| Cal Check       | 0.081  | 10:48 |
| Air Blank       | 0.000  | 10:49 |
| Cal Check       | 0.081  | 10:49 |
| Air Blank       | 0.000  | 10:50 |
| Cal Check       | 0.081  | 10:50 |
| Air Blank       | 0.000  | 10:51 |
| Cal Check       | 0.081  | 10:51 |
| Air Blank       | 0.000  | 10:51 |
| Cal Check       | 0.082  | 10:52 |
| Air Blank       | 0.000  | 10:52 |
| Cal Check       | 0.081  | 10:53 |
| Air Blank       | 0.000  | 10:53 |
| Cal Check       | 0.081  | 10:53 |
| Air Blank       | 0.000  | 10:54 |
| Cal Check Stats |        |       |
| Average         | 0.0811 |       |
| Std Dev         | 0.0003 |       |
| Rel Std Dev (%) | 0.3899 |       |

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

**0.08 g/210L = 208 PPM ÷ 2605\***

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| Manufacturer: <b>ILMO</b>   | Manufacturer Cert. No.: <b>15624</b> | Cylinder Size: <b>105L</b>         |
| Lot No.: <b>08223080A4</b>  | Cylinder No.: <b>035</b>             | Expiration Date: <b>06/05/2025</b> |
| <p>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].</p> |                                      |                                    |
| Signature:   |                                      | Date: <b>07/24/2023</b>            |
| Name: <b>Christopher Pape</b>   |                                      | Permit No.: <b>23020</b>           |





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

## Certificate of Analysis

**Certificate ID:** 15624  
**Part #:** BAC105L080T  
**Cylinder Size:** 105L  
**Lot Number:** 08223080A4  
**Expiration:** 6/5/2025

RCVD  
7/18/2023  
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)<br>[5.2 ppm] | NDIR               |
| Nitrogen   | Balance                 |                                    |                    |

**Distributed by:**

CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 866-835-0690  
[www.alcoholtest.com](http://www.alcoholtest.com)

\*Traceable to:  
Certified Reference Material - 261.0 µmol/mol  
Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2

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

Specialty Gas Lab Tech

05-30-2023  
Issuance Date



The calibration results within this certificate were obtained at the facility listed above using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service. This certificate applies only to the items described and shall not be reproduced other than in full, without written approval from the issuing facility.

ISO/IEC 17025:2017 Accredited Laboratory

# OFFICER'S IMPAIRED DRIVING AFFIDAVIT

10/20

Section 1

|                                    |                     |                               |                    |                    |
|------------------------------------|---------------------|-------------------------------|--------------------|--------------------|
| ARREST DATE<br>09/11/2023          | ARREST TIME<br>1500 | COUNTY #<br>55                | CITY #             | CITATION #         |
| ARREST LOCATION<br>BOT             |                     | CITY                          | COUNTY<br>OKLAHOMA |                    |
| SUBJECT NAME<br>BREATHTEST, FRANK  |                     | DATE OF BIRTH<br>03/15/1981   | SEX<br>M           | HEIGHT<br>509      |
| ADDRESS<br>3600 MARTIN LUTHER KING |                     | CITY<br>OKLAHOMA CITY         | STATE<br>OK        | WEIGHT<br>175      |
| DRIVER LICENSE #<br>H083463197     |                     | EXPIRATION DATE<br>10/31/2022 | STATE<br>OK        | ZIP CODE<br>73111  |
| VEHICLE MAKE<br>MOCK               |                     | MODEL<br>MOCK                 | TAG #<br>MOCK      | RESTRICTIONS<br>OK |
|                                    |                     |                               | CMV<br>N           | ENDORSEMENTS<br>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.):

POST REPAIR 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<br>I-8000  | SERIAL NUMBER<br>80-003310 | SPECIALIST<br>BOARD OF TESTS   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|--|----------------------------|--|-------------------------------------|------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|---|--|
| STANDARD<br>Dry  | TARGET VALUE<br>0.080      | PERMIT NUMBER<br>23020   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| MANUFACTURER<br>ILMO   | LOT #<br>08223080A4        | DATE CYLINDER INSTALLED<br>09/11/2023  | DATE CYLINDER EXPIRES<br>06/05/2025 |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| OBSERVATION START<br>1505  | TEST DATE<br>09/11/2023    | A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration. |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| RESULT TABLE   |                            | I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.             |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| <table><thead><tr><th>Test</th><th>g/210L</th><th>Time</th></tr></thead><tbody><tr><td>Air Blank</td><td>0.00</td><td>15:26</td></tr><tr><td>Subject Test</td><td>0.00</td><td>15:27</td></tr><tr><td>Breath Volume</td><td>1.714 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:27</td></tr><tr><td>Wait</td><td></td><td>15:29</td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:29</td></tr><tr><td>Subject Test</td><td>0.00</td><td>15:30</td></tr><tr><td>Breath Volume</td><td>2.097 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:30</td></tr><tr><td>Cal Check</td><td>0.07</td><td>15:30</td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:31</td></tr></tbody></table> |                            | Test   | g/210L                              | Time | Air Blank | 0.00 | 15:26 | Subject Test | 0.00 | 15:27 | Breath Volume | 1.714 LITERS |  | Air Blank | 0.00 | 15:27 | Wait |  | 15:29 | Air Blank | 0.00 | 15:29 | Subject Test | 0.00 | 15:30 | Breath Volume | 2.097 LITERS |  | Air Blank | 0.00 | 15:30 | Cal Check | 0.07 | 15:30 | Air Blank | 0.00 | 15:31 | <br>SIGNATURE OF OPERATOR |  |
| Test   | g/210L                     | Time   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:26  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Subject Test   | 0.00                       | 15:27  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Breath Volume  | 1.714 LITERS               |  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:27  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Wait   |                            | 15:29  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:29  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Subject Test   | 0.00                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Breath Volume  | 2.097 LITERS               |  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Cal Check  | 0.07                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:31  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | NAME<br>PAPE, CHRISTOPHER  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | BADGE #<br>0000000484  | PERMIT #<br>0000023020              |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | AGENCY<br>BOARD OF TESTS   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |



Test Result  
BrAC g/210L  
**0.00**

## What happens next?

Section 3

1. The Arresting Officer is required to submit the Officer's Impaired Driving Affidavit to the State of Oklahoma.
2. Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
3. The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma. To confirm or change your address on file, contact Service Oklahoma.
4. The Revocation and/or Disqualification will be effective 55 days from the date of the Order, including 10 days allowed for mailing. 47 O.S. §§2-116, 753, 754.
5. The Order of Revocation and/or Disqualification will contain important information about your rights to appeal the revocation and/or disqualification of your driving privileges. To appeal the applicable Order of Revocation and/or Disqualification your petition must be filed with the District Court of the County in which you were arrested within 40 days of the date of the order, including 10 days allowed for mailing. 47 O.S. §§2-116, 6-211.

In accordance with 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<br>PAPE, CHRISTOPHER |                                | AGENCY<br>BOARD OF TESTS        |                     |
| BADGE<br>0000000484       | AGENCY ADDRESS<br>INTER-AGENCY | ZIP CODE<br>00000               | PHONE<br>4054252460 |

OTHER WITNESSES:

Section 5

|   |      |       |         |       |
|---|------|-------|---------|-------|
| 1 | NAME | TITLE | ADDRESS | PHONE |
| 2 | NAME | TITLE | ADDRESS | PHONE |



# OFFICER'S IMPAIRED DRIVING AFFIDAVIT

11/20

Section 1

|                                    |                     |                               |                    |                    |
|------------------------------------|---------------------|-------------------------------|--------------------|--------------------|
| ARREST DATE<br>09/11/2023          | ARREST TIME<br>1500 | COUNTY #<br>55                | CITY #             | CITATION #         |
| ARREST LOCATION<br>BOT             |                     | CITY                          | COUNTY<br>OKLAHOMA |                    |
| SUBJECT NAME<br>BREATHTEST, FRANK  |                     | DATE OF BIRTH<br>03/15/1981   | SEX<br>M           | HEIGHT<br>509      |
| ADDRESS<br>3600 MARTIN LUTHER KING |                     | CITY<br>OKLAHOMA CITY         | STATE<br>OK        | WEIGHT<br>175      |
| DRIVER LICENSE #<br>H083463197     |                     | EXPIRATION DATE<br>10/31/2022 | CLASS<br>D         | ZIP CODE<br>73111  |
| VEHICLE MAKE<br>MOCK               |                     | MODEL<br>MOCK                 | TAG #<br>MOCK      | RESTRICTIONS<br>OK |
|                                    |                     |                               |                    | ENDORSEMENTS<br>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.):

POST REPAIR 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<br>I-8000  | SERIAL NUMBER<br>80-003310 | SPECIALIST<br>BOARD OF TESTS   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|--|----------------------------|--|-------------------------------------|------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|---|--|
| STANDARD<br>Dry  | TARGET VALUE<br>0.080      | PERMIT NUMBER<br>23020   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| MANUFACTURER<br>ILMO   | LOT #<br>08223080A4        | DATE CYLINDER INSTALLED<br>09/11/2023  | DATE CYLINDER EXPIRES<br>06/05/2025 |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| OBSERVATION START<br>1505  | TEST DATE<br>09/11/2023    | A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration. |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| RESULT TABLE   |                            | I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.             |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| <table><thead><tr><th>Test</th><th>g/210L</th><th>Time</th></tr></thead><tbody><tr><td>Air Blank</td><td>0.00</td><td>15:26</td></tr><tr><td>Subject Test</td><td>0.00</td><td>15:27</td></tr><tr><td>Breath Volume</td><td>1.714 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:27</td></tr><tr><td>Wait</td><td></td><td>15:29</td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:29</td></tr><tr><td>Subject Test</td><td>0.00</td><td>15:30</td></tr><tr><td>Breath Volume</td><td>2.097 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:30</td></tr><tr><td>Cal Check</td><td>0.07</td><td>15:30</td></tr><tr><td>Air Blank</td><td>0.00</td><td>15:31</td></tr></tbody></table> |                            | Test   | g/210L                              | Time | Air Blank | 0.00 | 15:26 | Subject Test | 0.00 | 15:27 | Breath Volume | 1.714 LITERS |  | Air Blank | 0.00 | 15:27 | Wait |  | 15:29 | Air Blank | 0.00 | 15:29 | Subject Test | 0.00 | 15:30 | Breath Volume | 2.097 LITERS |  | Air Blank | 0.00 | 15:30 | Cal Check | 0.07 | 15:30 | Air Blank | 0.00 | 15:31 | <br>SIGNATURE OF OPERATOR |  |
| Test   | g/210L                     | Time   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:26  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Subject Test   | 0.00                       | 15:27  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Breath Volume  | 1.714 LITERS               |  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:27  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Wait   |                            | 15:29  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:29  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Subject Test   | 0.00                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Breath Volume  | 2.097 LITERS               |  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Cal Check  | 0.07                       | 15:30  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
| Air Blank  | 0.00                       | 15:31  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | NAME<br>PAPE, CHRISTOPHER  |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | BADGE #<br>0000000484  | PERMIT #<br>0000023020              |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |
|  |                            | AGENCY<br>BOARD OF TESTS   |                                     |      |           |      |       |              |      |       |               |              |  |           |      |       |      |  |       |           |      |       |              |      |       |               |              |  |           |      |       |           |      |       |           |      |       |   |  |



Test Result  
BrAC g/210L  
**0.00**

## What happens next?

Section 3

1. The Arresting Officer is required to submit the Officer's Impaired Driving Affidavit to the State of Oklahoma.
2. Upon receipt and review of the Officer's Impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
3. The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma. To confirm or change your address on file, contact Service Oklahoma.
4. The Revocation and/or Disqualification will be effective 55 days from the date of the Order, including 10 days allowed for mailing. 47 O.S. §§2-116, 753, 754.
5. The Order of Revocation and/or Disqualification will contain important information about your rights to appeal the revocation and/or disqualification of your driving privileges. To appeal the applicable Order of Revocation and/or Disqualification your petition must be filed with the District Court of the County in which you were arrested within 40 days of the date of the order, including 10 days allowed for mailing. 47 O.S. §§2-116, 6-211.

In accordance with 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<br>PAPE, CHRISTOPHER |                                | AGENCY<br>BOARD OF TESTS        |                     |
| BADGE<br>0000000484       | AGENCY ADDRESS<br>INTER-AGENCY | ZIP CODE<br>00000               | PHONE<br>4054252460 |





**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  
09/06/2023 10:21

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

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.   |                                     |                                   |
| Manufacturer: <b>Guth</b>  | Manufactured Date: <b>2/28/2023</b> | Concentration: <b>0.020</b>       |
| Lot No.: <b>23060</b>  | Expiration Date: <b>2/28/2025</b>   | Equipment Model: <b>Guth 2100</b> |
| 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: <b>9/6/2023</b>               |                                   |
| Name: <b>Christopher Pape</b>  | Permit No.: <b>23020</b>            |                                   |

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

**CERTIFICATE OF ANALYSIS**CP  
RCVP  
8/23/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23060** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 1, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0241%** (w/vol) ethyl alcohol. The expiration date for this lot number is **February 28, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.020 g/210L  $\pm$  3%**.

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN05122004 whose values are traceable to NIST.*

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





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

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


Post Office Box 36307  
Oklahoma City, Oklahoma 73136-2307  
Phone: (405) 426-2460 Fax: (405) 426-2490  
www.bot.ok.gov

Joshua Smith  
Director

**Certificate of Analysis – Reference Solution**

ALPHA INSTRUMENT  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-002591  
09/06/2023 11:15

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

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.   |                                      |                                   |
| Manufacturer: <b>Guth</b>  | Manufactured Date: <b>12/28/2022</b> | Concentration: <b>0.040</b>       |
| Lot No.: <b>22460</b>  | Expiration Date: <b>12/28/2024</b>   | Equipment Model: <b>Guth 2100</b> |
| 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: <b>9/6/2023</b>                |                                   |
| Name <b>Christopher Pape</b>   | Permit No.: <b>23020</b>             |                                   |



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

**CERTIFICATE OF ANALYSIS**CP  
RCVD  
8/31/23

Certified Alcohol Reference Solution for Simulator

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

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

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN06032102 whose values are traceable to NIST.*

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



**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

09/06/2023

11:36

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

|  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.   |                                     |                                   |
| Manufacturer: <b>Guth</b>  | Manufactured Date: <b>5/17/2023</b> | Concentration: <b>0.100</b>       |
| Lot No.: <b>23180</b>  | Expiration Date: <b>5/17/2025</b>   | Equipment Model: <b>Guth 2100</b> |
| 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: <b>9/6/2023</b>             |
| Name: <b>Christopher Pape</b>  |                                     | Permit No.: <b>23020</b>          |

**GUTH LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**CP  
RCVD  
8/23/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** at 11:59 PM.

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

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN11172002 whose values are traceable to NIST.*

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





**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  
09/06/2023 11:59

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

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances.   |                                      |                                   |
| Manufacturer: <b>Guth</b>  | Manufactured Date: <b>10/12/2022</b> | Concentration: <b>0.200</b>       |
| Lot No.: <b>22400</b>  | Expiration Date: <b>10/12/2024</b>   | Equipment Model: <b>Guth 2100</b> |
| 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: <b>9/6/2023</b>                |                                   |
| Name <b>Christopher Pape</b>   | Permit No.: <b>23020</b>             |                                   |

**GUTH LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**CP  
RCVP  
9/23/23

Certified Alcohol Reference Solution for Simulator

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

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.200 g/210L  $\pm$  3%**.

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

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number **FN09142002** whose values are traceable to NIST.*

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



|  |   |                              |
|--|---|------------------------------|
| <u>Location Returned From</u><br>Bryan Co  | <u>Unit Serial #</u><br>80-003310   | <u>Date:</u> 20/20<br>2/9/23 |
| <u>Inventory Process</u><br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Unit checked in to BOT<br/> <input checked="" type="checkbox"/> New Unit Checked out         </div> <div> <input checked="" type="checkbox"/> Unlink Gas Canister from Unit<br/> <input type="checkbox"/> Remove old cylinder from unit (After Lab Evaluation)         </div> <div>           Old Cylinder #: 26422080A1-054<br/> <input type="checkbox"/> Old cylinder disposed in inventory<br/> <input type="checkbox"/> Old cylinder archived         </div> </div>   |   |                              |
| <u>Check in Procedure</u><br><input type="checkbox"/> Connect unit to ethernet connection 172.019.004.<br><input type="checkbox"/> Download any stored records<br><input type="checkbox"/> Change unit location to Serial number<br><input type="checkbox"/> Update Unit Date and time<br>Previous time: _____<br>New Time: _____<br><input type="checkbox"/> Execute a new Forms load on the unit   | <u>Notes from the Field</u><br><input type="checkbox"/> Routine Swap <input checked="" type="checkbox"/> Issues in the Field<br>Unit is disabled and we are unable to connect to it remotely. |                              |
| <u>Lab Evaluation</u><br>Breath Hose Hold Vacuum?: <input type="checkbox"/> Test Chamber Hold Vacuum?: <input type="checkbox"/><br><u>DVM</u><br>3µm _____ Chamber Temp _____ Snap Test ok? <input type="checkbox"/><br>9µm _____ Breath Hose Temp _____ RFI Detected? <input type="checkbox"/><br><u>Peripheral Tests</u><br>Speaker (F5) <input type="checkbox"/> Power LED Green (F6) <input type="checkbox"/> Red (F7) <input type="checkbox"/> Fan (F9) <input type="checkbox"/><br>Gas Regulator (F11) <input type="checkbox"/> Pump (F10) <input type="checkbox"/> Receipt paper <input type="checkbox"/><br><u>Atmospheric Sensor</u><br>Pressure _____    Correction Factor _____    Flow Sensor _____    Tank Sensor _____<br>Resistance _____    Value _____    Is regulator close to Tank Sensor Value? Yes / No |   |                              |
| Sent to CMI (If needed)    Reason Sent<br>Date Sent: <u>5/15/23</u> <i>Unit failed 9µm snap test</i><br>Invoice Sent: _____ <i>Breath hose leaking</i><br>Date Returned: <u>7/20/23</u>  |   |                              |
| <u>Repairs needed:</u><br><br><br><br><br><br><br><br><br><br>   | <u>Repairs Made:</u><br><br><br><br><br><br><br><br><br><br><div style="text-align: right;">           Ready for Bench Check? <input checked="" type="checkbox"/> </div>                      |                              |
| <div style="display: flex; justify-content: space-between;"> <div> <u>Inventory Process</u><br/> <input type="checkbox"/> Linked Cylinder to Unit<br/> <input type="checkbox"/> Changed Unit Status<br/> <input type="checkbox"/> Bench Check Report Completed         </div> <div> <input type="checkbox"/> Bench Check Technician Report<br/> <input type="checkbox"/> Mock Subject Test Completed<br/> <input type="checkbox"/> Certificate of Calibration and Operation<br/> <input type="checkbox"/> Service Overview Completed         </div> <div>           To complete if unit sent to CMI<br/> <input type="checkbox"/> CMI Workorder<br/> <input type="checkbox"/> CMI Certificate of Calibration _____<br/> <input type="checkbox"/> CMI Service Evaluation Form         </div> </div>                           |   |                              |