

Dr. Jarrad Wagner, Ph.D. F-ABFT Chairman Post Office Box 36307 Oklahoma City, Oklahoma 73136-2307 Phone: (405) 425-2460 Fax: (405) 425-2490 www.bot.ok.gov

Joshua Smith Director

### **ATTESTATION**

I, the undersigned *Joshua Smith* (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 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 80-003353, 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 NOTARY PUBLIC STATE OF OKLAHOMA COMMISSION NO. 25010889 EXPIRES 09-16-2029

(Signature of notarial officer)

## **Service Overview**



3600 N. Martin Luther King Bldg #1 Oklahoma City, OK 73111 405-425-2460

BENCH CHECK DATE: 7/23/2025

SERIAL: 80-003353

### **DOCUMENTATION WITHIN SERVICE PACKET:**

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



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

### CERTIFICATE of MAINTENANCE, CALIBRATION, and OPERATION

This certifies the Intoxilyzer 8000 referenced below, manufactured by CMI, Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, is maintained by the Board of Tests for Alcohol and Drug Influence in accordance with 40 O.A.C. 30-1-3. The instrument reported below is hereby deemed to be in compliance with Board rules via linearity accuracy examination and operational/functional procedure evaluation also referred to as a "Bench Check". The Intoxilyzer 8000 appears on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Alcohol Measurement Devices (82 FR 50940 et seq) as an approved device. In accordance with 40 O.A.C. 25-1-2, this instrument is approved and certified for use in the State of Oklahoma as an automated evidential breath-alcohol measurement device by the Board of Tests pursuant to 47 O.S. § 759.

All analyses conducted by this instrument are considered precise, valid, and in accordance with 40 O.A.C. 30-1-3(b) Operating Procedure(s). A printed breath test operator affidavit containing the seal of the Board by this instrument confirms a calibration check successfully verified the instrument's calibration at the time of test. The printed breath test affidavit also serves as proof that safeguards in place to protect the breath samples, including but not limited to Ambient Air Interference, Radio Frequency Interference, Residual Mouth Alcohol, Deficient Samples, etc. were not triggered and the test is a true and accurate scientific measurement of the person's alcohol concentration.

- Maintenance was performed on the Intoxilyzer 8000, Serial No. <u>80-003353</u> on <u>7/23/2025</u> 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.: <u>13225080A3-029</u>
  - BOT analysis average test result: 0.081
  - Cylinder expiration date: 6/5/2027

3. In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

| Simulator Model          |                                       |  |              |
|--------------------------|---------------------------------------|--|--------------|
| Guth 12V500              | Guth 12V500                           | Guth 12V500  | Guth 12V500  |
| Serial #                 |                                       |  |              |
| MP9201                   | MP9202                                | MP9203   | MP9204       |
| Concentration            |                                       |  |              |
| .02                      | .04                                   | .10  | .20          |
| LOT#                     |                                       | 111/2/2  | A CONTRACTOR |
| 25010                    | 25090                                 | 24390  | 25020        |
| Manufactured Date        | - J                                   | The state of the s |              |
| 1/7/2025                 | 3/11/2025                             | 10/29/2024   | 1/14/2025    |
| Expiration Date          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - W  |              |
| 1/7/2027                 | 3/11/2027                             | 10/29/2026   | 1/14/2027    |
| Solution Commission Date |                                       |  |              |
| 7/22/2025                | 7/22/2025                             | 7/22/2025  | 7/22/2025    |

Completed by BOT Personnel:

Christopher Pape

Breath-Alcohol Testing Program Administrator

Title

Certified K

Signature

Signature/Name

Joshua Smith Name State Director Title

| ENCH CHECK DATE           | Notice Contract | CEDURE BEGAN | 100.000 | UMENT LOCATION |             |                 |
|---------------------------|-----------------|--------------|---------|----------------|-------------|-----------------|
| 07/23/2025                | 14:             | 49:4         |         |                |             |                 |
| STRUMENT TYPE Intoxilyzer |                 | I - 8000     |         |                | 80-003      |                 |
|                           |                 | TES          | T RESU  | LTS            |             |                 |
|                           |                 |              |         |                |             |                 |
| Diagnost                  | ics             |              |         |                |             |                 |
| PASS                      |                 |              |         |                |             |                 |
| Mouth Alcoh               | ol Test         |              |         |                |             |                 |
| PASS                      | 1               |              |         |                |             |                 |
| RFI Tes                   | st              |              |         |                |             |                 |
| PASS                      | 3               |              | D U.    | -4- D4b        | Camalian Da |                 |
| Abort To                  | est             |              | Duplic  | ate Breath     | Sampling Re | suits           |
| PASS                      |                 | Va           | lue     | Test 1         | Test 2      | Control<br>Test |
| Improper Sam              | ple Test        |              |         |                | A           |                 |
| PASS                      | 3               | . (          | 02      | 0.018          | 0.019       | 0.019           |
| Interferent De            | ect Test        |              | 0.4     | 0 039          | 0.039       | 0.039           |

PASS **Insufficient Sample Test** 

PASS

No Sample Given Test

PASS

**Air Blank Contamination Test** 

PASS

Range Exceeded Test

PASS

| Value | Test 1 | Test 2 | Control<br>Test |  |
|-------|--------|--------|-----------------|--|
| .02   | 0.018  | 0.019  | 0.019           |  |
| .04   | 0.039  | 0.039  | 0.039           |  |
| .10   | 0.098  | 0.098  | 0.098           |  |
| .20   | 0.199  | 0.199  | 0.198           |  |

PASS

### **CERTIFYING TECHNICIAN**

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

| SIGNATURE         | DATE                |  |  |  |
|-------------------|---------------------|--|--|--|
| Martin Age        | 7/23/2025           |  |  |  |
| PAPE, CHRISTOPHER | PERMIT # 0000023020 |  |  |  |

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# Certificate of Calibration

This is to certify the calibration of INIONITYEEF® serial number 80-003353, 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. 09, 2125 Signed Christophen Hundfall

INC.

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316 East 9th Street Owensboro, KY 42303 USA

Part No. 650517 Rev.A



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

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

| <u>1</u>   | <u>lote</u> : Please s                  | hip items in th  | neir original s | hipping conta  | ainer.            |              |  |  |
|--|---|--|-----------------|--|-------------------|--------------|--|--|
| Contact information:   |   |  |                 |  |                   |              |  |  |
| Name Chris Pape  |   |  | PI              | Phone: ( 405 ) 425-2460                                |                   |              |  |  |
| Email: christopher.pape  | @bot.ok.gov                             | Cu   |                 |  | _ (contact Custo  | mer Service) |  |  |
| Your Billing Address Agency Name: Board of   | f Tests                                 |  | Agency          | nipping Addı<br>Name: <sub>Board</sub><br>s: 3600 N ML | of Tests          |              |  |  |
| City: Oklahoma City  | State: OK                               | Zip: 73111   |                 | lahoma City  | State: OK         | Zip:73111    |  |  |
| Credit Card/PO #:  | 200000000000000000000000000000000000000 |  |                 | Person: Chri   |                   |              |  |  |
| Name on Card:  |   |  | _               | Phone: (405  |                   |              |  |  |
| Expiration Date:   |   | CVV  |                 |  | ape@bot.ok.gov    | /            |  |  |
| Note: For instruments<br>\$43.50 (fuel cell), plus   |   | The state of the s |                 |  | ared and I-200)   | or           |  |  |
| ☑ I authorize all rep  | pairs up to \$50                        | 00 to be perfe   | ormed.          |  |                   |              |  |  |
| After repair, add "C   | ertificate of C                         | alibration" fo   | or: 🗖 S-D2      | , S-D5, and I  | -800 (\$19)       |              |  |  |
|  |   |  | 1-200           | , 1-240, 1-300   | , I-400, and I-60 | 00 (\$39)    |  |  |
| Authorized By:   |   |  |                 |  |                   |              |  |  |
| Chris Pape   |   | Breath Te  | esting Admir    | Ship   | item to:          |              |  |  |
| Name (Please Print)  Signature  Breath Test  7/1  Date  Date  Title  Date  Title  Date  Title  Title |   |  | 110/2025        | 10/2025 Attn: Service Dept.<br>316 East Ninth Street   |                   |              |  |  |



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

SERVICE WORK ORDER

409399

Bill To:

OK BOT

DATE: 2/14/2025

PO Box 36307

Oklahoma City, OK 73136-2307

USA

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

OK BOT

PO Box 36307

Oklahoma City OK 73105-3204 USA

Phone: 405-425-2424

MODEL #: 0024800K

**Serial Number:** 80-003353

BILL CODE: Out of Warranty

**EXTRA PARTS RCVD:** 

BH, KB, BATTERY, GAS SHELF

**DESCRIPTION OF PROBLEM** 

UNIT WILL NOT POST

WORK PERFORMED:

Replaced parts listed; calibtrated/final tested; 8133.16 software

#### **PARTS USED**

| Seq. No. | Part      | Description                      | Quantity |
|----------|-----------|----------------------------------|----------|
| 100      | 650517    | CERTIFICATE OF CALIBRATION       | 2.00 EA  |
| 110      | 441169    | COVER DUST,5/8in x 1/2in         | 1.00 EA  |
| 120      | 470145    | CAP,PLASTIC,.25IDx.50LG,RED      | 3.00 EA  |
| 130      | 470154    | CAP,PLSTC,.406IDx.438562,RED     | 1.00 EA  |
| 140      | 470218    | SEAL, TAMPER EVIDENT, SERVICE    | 1.00 EA  |
| 150      | 230115    | IC,SMD,DATAFLASH,4MB,TSOP-28     | 2.00 EA  |
| 160      | R021357   | SOLENOID ASSY,18000, REQUAL      | 1.00 EA  |
| 170      | R021380FL | BLOCK ASSY, SOURCE, BASIC, REQUA | 1.00 EA  |
| 180      | 441014    | FTG,RECIRC. OUT                  | 1.00 EA  |
| 190      | 441044    | FTG,RT ANGLE,1/8BARD X 1032      | 1.00 EA  |
| 200      | 441109    | FTG,QUICK DISC,M,1/8FL 1/8NPT    | 1.00 EA  |
| 210      | R140112   | DISPLAY,2x20 VFD 9MM, REQUAL     | 1.00 EA  |
| 220      | 210156    | SENSOR, PRESSURE, 1000PSI        | 1.00 EA  |

### LABOR / TESTING

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

Technician Name: Dewayne Varvel

SRV4093990001



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Joshua Smith Director

### Certificate of Analysis - Dry Gas

| ALPHA INSTRUMENT      |          |           |
|-----------------------|----------|-----------|
| Intoxilyzer - Alcohol | Analyzer |           |
| Model 8000            | SN       | 80-002591 |
| 06/13/2025            |          | 10:20     |
| 06/13/2025            |          | 10:20     |

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 10:21 |
| Cal Check       | 0.080  | 10:21 |
| Air Blank       | 0.000  | 10:21 |
| Cal Check       | 0.081  | 10:22 |
| Air Blank       | 0.000  | 10:22 |
| Cal Check       | 0.081  | 10:23 |
| Air Blank       | 0.000  | 10:23 |
| Cal Check       | 0.081  | 10:23 |
| Air Blank       | 0.000  | 10:24 |
| Cal Check       | 0.081  | 10:24 |
| Air Blank       | 0.000  | 10:25 |
| Cal Check       | 0.081  | 10:25 |
| Air Blank       | 0.000  | 10:26 |
| Cal Check       | 0.081  | 10:26 |
| Air Blank       | 0.000  | 10:27 |
| Cal Check       | 0.081  | 10:27 |
| Air Blank       | 0.000  | 10:28 |
| Cal Check       | 0.081  | 10:28 |
| Air Blank       | 0.000  | 10:28 |
| Cal Check       | 0.080  | 10:29 |
| Air Blank       | 0.000  | 10:29 |
| Cal Check Stats |        |       |
| Average         | 0.0808 |       |
| Std Dev         | 0.0004 |       |
| Rel Std Dev(%)  | 0.5218 |       |

| Known Breat                                 | h-Alcohol Equivalent (g/210L) Ratio of Nitrogen and<br>0.08 g/210L = 208 PPM ÷ 2605*  | Ethanol Gas (208 ppm/105 L)   |
|---|---|---|
| Manufacturer: ILMO                          | Manufacturer Cert. No.: 17293   | Cylinder Size: 105L   |
| Lot No.: 13225080A3                         | Cylinder No.: 029   | Expiration Date: 06/05/2027   |
| prescribed by the State Director of Tests p | oursuant to 40 OAC 30-1-3. The above NIST traceable . 759, 40 OAC 25-1-3, and appears on the current conformation of Transportation in the Federal Register [77 FR 64588] | 000 and was performed in accordance with the procedures reference standard meets the requirements for use as a priming products list of calibrating units for breath alcoholet seq]. * See Dubowski, K.M. and Essary N., Journal of |

06/13/2025

Permit No.: 23020

Name Christopher Pape

Signature



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

## Certificate of Analysis

Certificate ID:

17293

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

13225080A3

Expiration:

6/5/2027

RCVD 5/28/2025 CD

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

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Analytical

Accuracy

Analytical

Component:

Reported Concentration:

(U, k=2): abs

Method:

Ethanol Nitrogen 208 ppm Balance

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

[5.2 ppm]

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

\*Reference Standard:

NIST Traceable Certified Reference Material - 260.6 µmol/mol Ethanol in Nitrogen - Serial No. GN0015020 Lot No. 00424E1 Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Specially Gas Lab Tech

Issuance Date

Accreditation #61895

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

#### 10/20

### OFFICER'S IMPAIRED DRIVING AFFIDAVIT

|                                    |      |               |      |          |       |        |  | Section 1         |
|------------------------------------|------|---------------|------|----------|-------|--------|--|-------------------|
| ARREST DATE ARREST 07/23/2025 154  |      | COUNTY#<br>55 |      | CITY#    | CITAT | ION#   |  |                   |
| ARREST LOCATION BOT                |      |               | CITY |          |       | 1.7    | OKLAHO   | AMO               |
| SUBJECT NAME NORTH, GAYLON LEVERNE |      |               |      | 8/09/1   |       | M<br>M | 51(  |                   |
| ADDRESS 3600 MARTIN LUTHER KIN     | IG A | OKLAHOMA CI   | TY   |          | OK    |        | 73:  | 133               |
| DRIVER LICENSE # T083454871        |      | 06/30/        |      | OK STATE | CLASS | F      | RESTRICTIONS   | ENDORSEMENTS<br>M |
| VEHICLE MAKE MOCK                  | MOCK |               |      | MOCK     |       | STAT   | The second secon | N<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

| REATH-ALCOHOL ANALYSIS QUIPMENT  | RECORD, REPORT OF THE PE                     |  | IN SECTION 1 ABOV<br>NUMBER  | SPECIALIST     | -    | TELEPHONE STATE                           | Section                               |
|--|--|--|--|----------------|------|---|---------------------------------------|
| I-8000   |  | 80-  | -003353  | BOARD          | OF   | TESTS                                     |                                       |
| TANDARD<br>Dry   |  |  | 0.080  |                | 23   | T NUMBER<br>020                           |                                       |
| anufacturer<br>ILMO  |  |  | 13225  | 080A3          | O7   | /23/2025                                  | 06/05/2027                            |
|  | /23/2025                                     |  |  |                |      | rivation/observation<br>to and continuing |                                       |
| Test   | g/210L                                       | Time   |  | the time of te |      |   | OF THE STATE                          |
| Air Blank<br>Subject Test<br>Breath Volume<br>Air Blank<br>Wait<br>Air Blank<br>Subject Test | 0.00<br>0.00<br>1.835 LITERS<br>0.00<br>0.00 | 16:16<br>16:17<br>16:17<br>16:19<br>16:19<br>16:20 | I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests. |                |      |   | 1907                                  |
| Breath Volume<br>Air Blank<br>Cal Check<br>Air Blank   | 1.878 LITERS<br>0.00<br>0.08<br>0.00         | 16:21<br>16:21<br>16:22                            | NAME   | RISTOPHER      | PERM | т#<br>00023020                            | Test Result<br>BrAC g/210L<br>0 . 0 0 |

### What happens next?

- 1. 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.
- 2. 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.
- 3. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
- The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma.
- To confirm or change your address on file, contact Service Oklahoma. 5. The Order and Notice of Revocation will inform you of your requirements to regain driving privileges in Oklahoma.

| in accordance with | This 12 s.s. social 12st Totals and | or portant, or port | ary under the laws of Oklahoma that the foregoing is true and co | No.       |
|--------------------|-------------------------------------|---------------------|--|-----------|
| Date:              | Place (location when signed):       |                     | Signature of arresting officer:                                  |           |
| PAPE, CH           | RISTOPHER                           |                     | BOARD OF TESTS   |           |
| 00000004           | 84 AGENCY ADDRESS INTER-AGENCY      |                     | ZIP CODE PHONE 40542524  | 60        |
| OTHER WITNESS      | ES:                                 |                     |  | Section 5 |
| 1 NAME             |                                     | TITLE               | ADDRESS PHONE  |           |
| NAME<br>2          |                                     | TITLE               | ADDRESS PHONE  |           |

### 11/20

# OFFICER'S IMPAIRED DRIVING AFFIDAVIT

|                                   |  |               |          |          |             |       |          | Section       |
|-----------------------------------|--|---------------|----------|----------|-------------|-------|----------|---------------|
| ARREST DATE ARREST 07/23/2025 154 | A COLUMN TO A COLU | COUNTY # 55   | CITY     | #        | CITATIO     | N#    |          |               |
| ARREST LOCATION BOT               |  | CITY          | 1        | 1,000    |             | COUN  | LAHC     | AMA           |
| NORTH, GAYLON LEVERNE             |  |               | DATE OF  | 09/1     | 961 M       |       | HEIGHT   | NEIGHT<br>165 |
| ADDRESS 3600 MARTIN LUTHER KIN    | Annal III  | OKLAHOMA CITY | Z        |          | STATE<br>OK |       | 73:      |               |
| T083454871                        |  | 06/30/20      |          | OK       | A           | RESTI | RICTIONS | M             |
| VEHICLE MAKE<br>MOCK              | MOCK   |               | TAG<br>M | "<br>OCK |             | OK    | N        | N<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 W                       | VAS INFORMED OF THE                       | E IMPLIED CONSEN   | T TEST REQUEST  |  |
|--|--|------------------------------------|---|--|---|--|
| BREATH-ALCOHOL ANALYSIS  | RECORD, REPORT OF THE P  | ERSON NAMED                        | IN SECTION 1 ABOVE,                       | and LOG OF TEST A  | ND MAINTENANCE RECORD.  | Section 2  |
| EQUIPMENT I-8000 STANDARD Dry  |  |                                    |   | PEF  | TESTS RMIT NUMBER 3020  |  |
| MANUFÁCTURER<br>ILMO   |  |                                    | 132250                                    | 80A3 0   | 7/23/2025   | DATE CYLINDER EXPIRES 06/05/2027   |
| RESULT TABLE Test Air Blank Subject Test Breath Volume Air Blank Wait Air Blank Subject Test Breath Volume | 9/210L<br>0.00<br>0.00<br>1.835 LITERS<br>0.00<br>0.00<br>0.00<br>0.00<br>1.878 LITERS | Time 16:16 16:17 16:19 16:19 16:20 | I administer                              | s observed prior time of test and Bread said Bread with the applure of the B | eprivation/observation or to and continuing dministration.  ath-Alcohol Test in oplicable operating soard of Tests. | THE STATE OF THE S |
| Air Blank<br>Cal Check<br>Air Blank  | 0.00<br>0.08<br>0.00   | 16:21<br>16:21<br>16:22            | PAPE, CHRI BADGE# 0000004 AGENCY BOARD OF | 84 0   | RMIT#<br>000023020  | Test Result BrAC g/210L  0.00  |

### What happens next?

Section 3

- 1. 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.
- 2. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle.
- You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.
   The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma.

To confirm or change your address on file, contact Service Oklahoma.

5. The Order and Notice of Revocation will inform you of your requirements to regain driving privileges in Oklahoma.

| In accordance with Title 12 O.S. Section 426, "I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct." |                                 |  |  |  |
|---|---------------------------------|--|--|--|
| Date: Place (location when signed):   | Signature of arresting officer: |  |  |  |
| PAPE, CHRISTOPHER   | BOARD OF TESTS                  |  |  |  |
| BADGE AGENCY ADDRESS INTER-AGENCY   | ZIP CODE PHONE 00000 4054252460 |  |  |  |



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
07/09/2025 12:20

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 12:20 |
| Cal Check       | 0.019  | 12:21 |
| Air Blank       | 0.000  | 12:21 |
| Cal Check       | 0.019  | 12:22 |
| Air Blank       | 0.000  | 12:23 |
| Cal Check       | 0.019  | 12:23 |
| Air Blank       | 0.000  | 12:24 |
| Cal Check       | 0.019  | 12:25 |
| Air Blank       | 0.000  | 12:25 |
| Cal Check       | 0.020  | 12:26 |
| Air Blank       | 0.000  | 12:26 |
| Cal Check       | 0,019  | 12:27 |
| Air Blank       | 0.000  | 12:28 |
| Cal Check       | 0.019  | 12:28 |
| Air Blank       | 0.000  | 12:29 |
| Cal Check       | 0.020  | 12:30 |
| Air Blank       | 0.000  | 12:30 |
| Cal Check       | 0.019  | 12:31 |
| Air Blank       | 0.000  | 12:31 |
| Cal Check       | 0.020  | 12:32 |
| Air Blank       | 0.000  | 12:33 |
| Cal Check Stats |        |       |
| Average         | 0.0193 |       |
| Std Dev         | 0.0004 |       |
| Rel Std Dev(%)  | 2.5026 |       |

| fanufacturer: Guth   | Manufactured Date: 1/7/2025                          | Concentration: 0.020  |
|--|--|---|
| ot No.: 25010  | Expiration Date: 1/7/2027                            | Equipment Model: Guth 2100  |
| rescribed by the State Director of Tests pu<br>to 40 OAC 25-1-2.1. Approved breath-alcoh | nol measurement equipment and reference solutions. E | reference solution meets the requirements for use pursuan<br>Equipment used appears on the current or supplemented<br>If by the National Highway Traffic Safety Administration. |



RCVD 5/30/25 CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 25010 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on January 8, 2025, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.0235% (w/vol) ethyl alcohol. The expiration date for this lot
number is January 7, 2027 at 11:59 PM.

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

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03122113 whose values are traceable to NIST.



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

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

Joshua Smith Director

### Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT 2 Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-004923 07/01/2025 11:06

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 11:07 |
| Cal Check       | 0.037  | 11:07 |
| Air Blank       | 0.000  | 11:08 |
| Cal Check       | 0.037  | 11:09 |
| Air Blank       | 0.000  | 11:09 |
| Cal Check       | 0.038  | 11:10 |
| Air Blank       | 0.000  | 11:10 |
| Cal Check       | 0.038  | 11:11 |
| Air Blank       | 0.000  | 11:12 |
| Cal Check       | 0.037  | 11:12 |
| Air Blank       | 0.000  | 11:13 |
| Cal Check       | 0.038  | 11:14 |
| Air Blank       | 0.000  | 11:14 |
| Cal Check       | 0.038  | 11:15 |
| Air Blank       | 0.000  | 11:15 |
| Cal Check       | 0.038  | 11:16 |
| Air Blank       | 0.000  | 11:17 |
| Cal Check       | 0.038  | 11:17 |
| Air Blank       | 0.000  | 11:18 |
| Cal Check       | 0.038  | 11:19 |
| Air Blank       | 0.000  | 11:19 |
| Cal Check Stats |        |       |
| Average         | 0.0377 |       |
| Std Dev         | 0.0004 |       |
| Rel Std Dev(%)  | 1.2812 |       |

| Manufacturer: Guth  | Manufactured Date: 3/11/2025  | Concentration: 0.040   |
|---|---|--|
| Lot No.: 25090  | Expiration Date: 3/11/2027  | Equipment Model: Guth 2100   |
| prescribed by the State Director of Tests to 40 OAC 25-1-2.1. Approved breath-alc | a Infrared Spectroscopy utilizing the Intoxilyzer 8000 and pursuant to 40 OAC 30-1-3. The above NIST traceable roohol measurement equipment and reference solutions. Emits for Breath Alcohol Testers (72 FR 34747), published Date:  7/1/202 | eference solution meets the requirements for use pursuan<br>quipment used appears on the current or supplemented<br>by the National Highway Traffic Safety Administration. |



RCV1) 5/30/25

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 25090 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 12, 2025, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0480% (w/vol) ethyl alcohol. The expiration date for this lot number is March 11, 2027 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.



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
01/15/2025 09:30

| Test · ·        | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 09:31 |
| Cal Check       | 0.100  | 09:31 |
| Air Blank       | 0.000  | 09:32 |
| Cal Check       | 0.100  | 09:33 |
| Air Blank       | 0.000  | 09:33 |
| Cal Check       | 0.099  | 09:34 |
| Air Blank       | 0.000  | 09:35 |
| Cal Check       | 0.099  | 09:35 |
| Air Blank       | 0.000  | 09:36 |
| Cal Check       | 0.099  | 09:37 |
| Air Blank       | 0.000  | 09:37 |
| Cal Check       | 0.099  | 09:38 |
| Air Blank       | 0.000  | 09:38 |
| Cal Check       | 0.100  | 09:39 |
| Air Blank       | 0.000  | 09:40 |
| Cal Check       | 0.099  | 09:40 |
| Air Blank       | 0.000  | 09:41 |
| Cal Check       | 0.099  | 09:42 |
| Air Blank       | 0.000  | 09:42 |
| Cal Check       | 0.100  | 09:43 |
| Air Blank       | 0.000  | 09:43 |
| Cal Check Stats |        |       |
| Average         | 0.0994 |       |
| Std Dev         | 0.0005 |       |
| Rel Std Dev(%)  | 0.5195 |       |

| Manufacturer: Guth  | Manufactured Date: 10/29/2024  | Concentration: 0.100  |
|---|--|---|
| Lot No.: 24390  | Expiration Date: 10/29/2026  | Equipment Model: Guth 2100  |
| prescribed by the State Director of Test to 40 OAC 25-1-2.1. Approved breath- | d via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and<br>sts pursuant to 40 OAC 30-1-3. The above NIST traceable r<br>alcohol measurement equipment and reference solutions. E<br>g Units for Breath Alcohol Testers (72 FR 34747), published | eference solution meets the requirements for use pursuant<br>quipment used appears on the current or supplemented |
| Signature //  | Date: 1/15/2   | 025   |
| Name Christopher Pape   | Permit No.: 230  | 120   |

RCVP 12/3/24

Certified Alcohol Reference Solution for Simulator

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Random Samples of Lot Number 24390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 30, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1205% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2026 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 FN03072301 whose values are traceable to NIST.



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

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

Joshua Smith Director

### Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT 2 Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-004923 06/06/2025 11:23

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 11:24 |
| Cal Check       | 0.200  | 11:24 |
| Air Blank       | 0.000  | 11:25 |
| Cal Check       | 0.199  | 11:26 |
| Air Blank       | 0.000  | 11:26 |
| Cal Check       | 0.199  | 11:27 |
| Air Blank       | 0.000  | 11:27 |
| Cal Check       | 0.198  | 11:28 |
| Air Blank       | 0.000  | 11:29 |
| Cal Check       | 0.199  | 11:29 |
| Air Blank       | 0.000  | 11:30 |
| Cal Check       | 0.199  | 11:31 |
| Air Blank       | 0.000  | 11:31 |
| Cal Check       | 0.199  | 11:32 |
| Air Blank       | 0.000  | 11:33 |
| Cal Check       | 0.197  | 11:33 |
| Air Blank       | 0.000  | 11:34 |
| Cal Check       | 0.199  | 11:35 |
| Air Blank       | 0.000  | 11:35 |
| Cal Check       | 0.198  | 11:36 |
| Air Blank       | 0.000  | 11:36 |
| Cal Check Stats |        |       |
| Average         | 0.1987 |       |
| Std Dev         | 0.0008 |       |
| Rel Std Dev(%)  | 0.4143 |       |

| Manufacturer: Guth   | Manufactured Date: 1/14/2025   | Concentration: 0.200  |
|--|--|---|
| Lot No.: 25020   | Expiration Date: 1/14/2027   | Equipment Model: Guth 2100  |
| prescribed by the State Director of Tes to 40 OAC 25-1-2.1. Approved breath- | via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and its pursuant to 40 OAC 30-1-3. The above NIST traceable alcohol measurement equipment and reference solutions. In Units for Breath Alcohol Testers (72 FR 34747), published Date: | reference solution meets the requirements for use pursuant<br>Equipment used appears on the current or supplemented<br>d by the National Highway Traffic Safety Administration. |
| Name Christopher Pape  | Permit No.: 23   | 020   |



RCVD 5/30/25 cl

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 25020 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on January 15, 2025, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.2409% (w/vol) ethyl alcohol. The expiration date for this lot
number is January 14, 2027 at 11:59 PM.

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

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

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03132302 whose values are traceable to NIST.

| ocation Returned From   | <u>Unit</u>                   | t Serial #   |                             | Date 20/20            |
|---|-------------------------------|--|-----------------------------|-----------------------|
| Lawton PD 2   | 80-                           | -003353  |                             | 2/10/25               |
|   |                               | Old Cylinder #:Old Cylinder #:Old cylinder disposed t (After Lab Evaluation) | in inventory                |                       |
| Check in Procedure  Connect unit to ethernet connection  Download any stored records  Change unit location to Serial numbe  Update Unit Date and time  Previous time:  New Time:  Execute a new Forms load on the uni |                               | Notes from the Field Routine Swap Unit will not POST.                        | ✓ Issues in the Fie         | ld                    |
| <u>Lab Evaluation</u> Breath Hose Hold Vacuum?:  DVM  | Test Chamb                    | er Hold Vacuum?:   |                             |                       |
| TVV - 3.77  | nber Temp                     | Snap Test ok?  |                             |                       |
| 9μm Breat   | h Hose Temp                   | RFI Detected?  |                             |                       |
| Peripheral Tests  |                               |  |                             |                       |
| Speaker (F5) Powe   | er LED Green (F6) R           | Red (F7) Fan (   | F9)                         |                       |
| Gas Regulator (F11)   | Pump (F10)                    | Receipt paper  |                             |                       |
|   |                               | Flow Sensor  | Tank Sensor                 | Is regulator close to |
| Atmospheric Sensor  |                               |  |                             | Tank Sensor Value?    |
| 100000000000000000000000000000000000000   | ection Factor                 | Resistance   | Value                       | Yes / No              |
| Sent to CMI (If needed)  Date Sent  | Reason Sent Unit will not POS | Resistance   | _ Value                     | Yes / No              |
| Sent to CMI (If needed)  Date Sent  | Reason Sent                   | Resistance   | Value                       | _ Yes / No            |
| Sent to CMI (If needed)  Date Sent  | Reason Sent                   | Resistance   |                             | Yes / No              |
| Sent to CMI (If needed)  Date Sent  | Reason Sent Unit will not POS | Resistance   | k? <b>\</b>                 |                       |
| Sent to CMI (If needed) Date Sent   | Reason Sent                   | Repairs Made:  Repairs Made:  Repairs Made:  Report Compose CMI Wo           | k? Volete if unit sent to C | CMI                   |