



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

Post Office Box 36307

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

Oklahoma City, Oklahoma 73136-2307  
Phone: (405) 425-2460 Fax: (405) 425-2490  
[www.bot.ok.gov](http://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 (11)(a) this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the regularly conducted business activity of the Board; and was made pursuant to the regularly conducted activity. The duplicate record provided is listed below:

- 1) The attached "Service Overview" is a true and accurate copy of maintenance performed on the Intoxilyzer 8000, serial number \_\_\_\_\_, in compliance with the agency's Maintenance Policy and Procedures.

This packet consists of \_\_\_\_\_ pages.

Signed 

Name of Position: Director/Records Custodian

Date of Attestation:

# Service Overview

Board of Tests for Alcohol and Drug Influence  
Enhancing public safety by supporting the accuracy and integrity  
of blood and breath testing



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

**BENCH CHECK DATE:** 04-10-2020

**SERIAL:** 80-004888

## DOCUMENTATION WITHIN SERVICE PACKET:

- BOT Certificate of Calibration and Operation
- CMI Certificate of Calibration 10-03-2019
- Bench Check
- Bench Check Technician's Report
- BOT Dry Gas Certificate of Analysis
- CMI Service Evaluation Form
- CMI Work Order
- Mock Subject Test
- BOT Certificates of Analysis on Certified Solutions (4)

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

This is to certify that the calibration of **INTOXILYZER 8000, serial number 80-004888**, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to be in compliance with National Highway Traffic Safety Administration Standard for Devices to Measure Breath Alcohol (F.R., No. 179 48705-48710 Sept. 17, 1993) and with International Recommendation OIML R 126 Edition 1998 (E). Calibration solutions are traceable to NIST standard material 1828.

In addition the operational procedures and functions of this Intoxilyzer have also been tested and found to be in compliance with the Oklahoma Board of Tests for Alcohol and Drug Influence - Rules and Regulations OAC Title 40: 25-1-2 and 30-1-3 and is hereby certified for use as an evidential breath testing device within this state.

[illegible]

Page 1/2

Date:

Re: Request for Log of Test on Intoxilyzer 8000

Name:

Dear Sir:

The Log of Test information from a breath test conducted on a Intoxilyzer 8000 is printed in Section 2 of the Affidavit and is no longer retained as a separate form as with the Intoxilyzer 5000. The 8000 uses a nitrogen/ethanol dry gas for the external control test. The dry gas cylinder has the capacity to perform approximately 325 tests and does not require maintenance until its expiration date or can no longer provide the required pressure to perform a control test. The cylinder has an expiration date of two years from date filled at the manufacturer and is programmed in the 8000 upon installation, both dates are printed in Section 2 of the Affidavit. The Intoxilyzer is programmed to disable itself when the date of expiration is reached or the pressure monitor indicates 25 lbs psi.

Due to the reliability and stability of dry gas, maintenance on the 8000 is not required every 30 days or 25 tests, therefore maintenance is no longer performed by officers in the field. The Board of Tests for Alcohol and Drug Influence certifies each Intoxilyzer 8000 for field use by performing a bench check. The bench check is designed to check the operation and procedures programmed in the 8000 to ensure it is functioning properly for use in Oklahoma. A bench check is performed every time a new dry gas cylinder is installed or the instrument has returned from the manufacturer for repair. Once the instrument passes the bench check, all that is required to set it up for field use is to plug it in and turn it on and does not require a permit to set up. The Board of Tests has the ability to monitor each instrument once it is set up in the field.

Each Intoxilyzer has a database of valid permit numbers that it checks prior to allowing a breath test to be performed. The database is updated on a regular basis, if a permit number is invalid that officer will not be able to conduct a breath test on the 8000. If the 8000 prints an affidavit the breath test operator listed in Section 2 had a valid permit at the time of the test and the breath test is valid.

If you have any further questions please feel free to call me.

Sincerely,



J. Robert Blakeburn (OBA11059)  
State Director of Tests for Alcohol  
and Drug Influence

# Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-004888, 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 October 3, 2019

Signed

Alonso Phillips

Technician

**EMI** INC.

316 East 9th Street  
Owensboro, KY 42303  
USA

Part No. 650517 Rev.A



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

## CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT

BENCH CHECK DATE 04/10/2020	TIME PROCEDURE BEGAN 07:59:0	INSTRUMENT LOCATION 80-004888
INSTRUMENT TYPE Intoxilyzer	INSTRUMENT MODEL I-8000	INSTRUMENT SERIAL NUMBER 80-004888

### 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

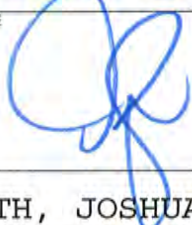
#### Duplicate Breath Sampling Results

Value	Test 1	Test 2	Control Test
.02	0.016	0.017	0.020
.04	0.037	0.037	0.039
.10	0.096	0.095	0.098
.20	0.194	0.193	0.197

PASS

### CERTIFYING TECHNICIAN

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

SIGNATURE 	DATE 04/10/2020
NAME SMITH, JOSHUA	PERMIT # 0000016837



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

## BENCH CHECK TECHNICIAN'S REPORT

Date: 04 / 10 / 20 Start Time: 0750 End Time: 1045

### INSTRUMENT

Intoxilyzer Model

Serial #

8000

80-004888

### GAS CANISTER

LOT #

EXP Date

05620080A2 #02004-05-2022

### REFERENCE

Simulator Model

Guth 2100	Guth 2100	Guth 2100	Guth 2100
Serial #			
DR3591	DR3753	DR3594	DR3754
Concentration			
.02	.04	.10	.20
LOT #			
19050	19080	19301	19200
Manufactured Date			
02-04-2019	03-04-2019	10-30-2019	08-06-2019
Expiration Date			
02-04-2021	03-04-2021	10-30-2021	08-06-2021
Solution Commission Date			
<u>04-02-20</u>	<u>04-02-20</u>	<u>04-02-20</u>	<u>04-02-20</u>

### REASON FOR BENCH CHECK

☒ POST REPAIR ☒ CYLINDER REPLACEMENT  
☐ TROUBLESHOOTING ☐ ROUTINE MAINTENANCE

### COMMENTS


16837  
 Technician Signature / Permit #

Josh Smith  
 Printed Name



# Certificate of Analysis - Dry Gas

8/16

03/14/2020		1.080	
Date of Analysis		Labelled target value (g/210L)	
# 020		1.080	
Cylinder #		Average test result	
Josh Smith			
BOT Technician Name and Signature			



**ILMO**  
specialty gases

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
03/14/2020  
SN 80-004923  
08:55

In accordance with BOT Policy and Procedure Statement BRT-2.2.0, Maintenance, the above referenced dry gas cylinder is suitable for use as an external reference with the Intoxilyzer 8000.

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

## Certificate of Analysis

Certificate ID: 12811  
Part #: BAC105L080T  
Cylinder Size: 105L  
Lot Number: 05620080A2 ✓  
Expiration: 4/5/2022 ✓

Rec'd  
03/05/2020

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)	NDIR
Nitrogen	Balance	[5.2 ppm]	

Distributed by:

CMI Inc.  
316 East Ninth Street  
Owensboro, KY 4230  
Phone 866-835-0690  
www.alcoholtest.com

Test	g/210L	Time
Air Blank	0.000	08:55
Cal Check	0.080	08:56
Air Blank	0.000	08:56
Cal Check	0.080	08:57
Air Blank	0.000	08:57
Cal Check	0.080	08:57
Air Blank	0.000	08:58
Cal Check	0.080	08:58
Air Blank	0.000	08:59
Cal Check	0.080	08:59
Air Blank	0.000	09:00
Cal Check	0.080	09:00
Air Blank	0.000	09:01
Cal Check	0.080	09:01
Air Blank	0.000	09:01
Cal Check	0.080	09:02
Air Blank	0.000	09:02
Cal Check	0.080	09:03
Air Blank	0.000	09:03
Cal Check	0.080	09:03
Air Blank	0.000	09:04
Cal Check Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

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

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

Specialty Gas Lab Tech

03-11-2020  
Issuance Date



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

ISO/IEC 17025:2017 Accredited Laboratory



**CMI** INC.  
**Service Evaluation Form**

**This form MUST be completed and enclosed with instrument to be serviced.**

Note: Please ship items in their original shipping container.

**Contact information:** Customer Number 731362 (contact Customer Service)  
 Name OKLAHOMA BOARD OF TESTS Phone: (405) 425-2483  
 Fax: (405) 425-2490 Email: JOSHUA.SMITH@BOT.OK.GOV

**Bill to Address:**

BOARD OF TESTS  
PO Box 36307  
OKLAHOMA CITY OK 73136-2307

**Ship to Address:**

BOARD OF TESTS  
3600 N. MARTIN LUTHER KING AVE.  
OKLAHOMA CITY, OK 73111

**Instrument Serial Number:** 80-004888

**Detailed Description of Problem:**

FLOW SENSOR IN NEED OF REPLACEMENT.

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

Note: An evaluation fee (\$83 (infrared) or \$43.<sup>50</sup> (fuel cell)) will apply to estimates which are not repaired.

☒ I Authorize Repairs Up To: ☐ All ☐ \$250 ☒ \$500 ☐ \$750 ☐ Other \$ \_\_\_\_\_  
 Purchase Order Number \_\_\_\_\_

After repair, add "Certificate of Calibration" for: ☐ S-D2, S-D5, I-300 (\$19)  
☐ I-200/200D, I-240, I-400/400PA (\$39)

**Authorized By:**

Josh Smith Breath Testing Admin  
 Name (Please Print) Title  
[Signature] 08/13/2019  
 Signature Date

Ship to:

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

☐ No, please send estimate before repairs are made. An estimate will be faxed before performing any repairs and may cause delays in service.

DATE: 8/26/2019



10/16

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

**SERVICE WORK ORDER**

**404025**

**Bill To:**

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

**Ship To:**

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

**MODEL #:** 002480OK

**Serial Number:** 80-004888

**BILL CODE:** Out of Warranty

**EXTRA PARTS RCVD:**

BT, SHELF

**DESCRIPTION OF PROBLEM**

FLOW SENSOR IN NEED OF REPLACEMENT

**WORK PERFORMED:**

Flow sensor R: value 112. No othe issues found. Replaced flow sensor. Performed system checks.

**PARTS USED**

Seq. No.	Part	Description	Quantity
80	650517	CERTIFICATE OF CALIBRATION	2.00 EA
90	441169	COVER DUST,5/8in x 1/2in	1.00 EA
100	470145	CAP,PLASTIC,,25IDx.50LG,RED	3.00 EA
110	470154	CAP,PLSTC,,406IDx.438-.562,RED	1.00 EA
120	470218	SEAL,TAMPER EVIDENT,SERVICE	1.00 EA
130	210120	SENSOR,SMD,PRESSURE	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:** Gary Watts

SRV4040250001



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE <b>04/10/2020</b>		ARREST TIME <b>0945</b>		COUNTY # <b>74</b>	CITY # <b>92</b>	CITATION # <b>89911</b>	
ARREST LOCATION <b>NONE</b>				CITY <b>NONE</b>		COUNTY <b>NONE</b>	
SUBJECT NAME <b>NORTH, GAYLON LEVERNE</b>				DATE OF BIRTH <b>08/09/1961</b>		SEX <b>M</b>	RACE <b>W</b>
ADDRESS <b>3600 MARTIN LUTHER KING A</b>				CITY <b>OKLAHOMA CITY</b>		STATE <b>OK</b>	ZIP CODE <b>73133</b>
DRIVER LICENSE # <b>T083454871</b>				EXPIRATION DATE <b>06/30/2019</b>		STATE <b>OK</b>	CLASS <b>A</b>
VEHICLE MAKE <b>N</b>				MODEL <b>N</b>		TAG # <b>N</b>	STATE <b>OK</b>
						CMV <b>N</b>	PLACARD <b>N</b>

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

(Describe driving behavior or circumstances):

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

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

**NONE**

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.

Section 2

EQUIPMENT <b>I-8000</b>		SERIAL NUMBER <b>80-004888</b>	SPECIALIST <b>BOARD OF TESTS</b>																																					
STANDARD <b>Dry</b>		TARGET VALUE <b>0.080</b>	PERMIT NUMBER <b>16837</b>																																					
MANUFACTURER <b>ILMO</b>		LOT # <b>05620080A2</b>	DATE CYLINDER INSTALLED <b>04/10/2020</b>	DATE CYLINDER EXPIRES <b>04/05/2022</b>																																				
OBSERVATION START <b>1000</b>	TEST DATE <b>04/10/2020</b>	MOUTHPIECE <b>G</b>	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p>_____ SIGNATURE OF OPERATOR</p> <p>NAME <b>SMITH, JOSHUA</b></p> <p>BADGE # <b>0000000435</b></p> <p>PERMIT # <b>0000016837</b></p> <p>AGENCY <b>BOARD OF TESTS</b></p>																																					
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**EFFECTIVE THIRTY (30) DAYS FROM DATE SERVED.** Notice of Revocation is given that your driver's license is revoked or denied for a period of one hundred eighty (180) days or more, if you refused or failed the state's test(s). In addition, your commercial driving privilege in this state will be disqualified if you refused or failed the state's test(s) (operating a CMV or CDL holder) OR a test result of .04 or more while operating a commercial motor vehicle. You may appeal any Departmental action against your driver license as a result of this arrest by filing a petition in the District Court of the County in which you were arrested. Your petition must be filed within thirty (30) days of the date listed below.

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

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

Date served: **04/10/2020**

Signature of officer: \_\_\_\_\_

Badge #: \_\_\_\_\_

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

Section 4

Date: **04/10/2020** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME <b>SMITH, JOSHUA</b>		AGENCY <b>BOARD OF TESTS</b>	
BADGE <b>0000000435</b>	AGENCY ADDRESS <b>INTER-AGENCY</b>	ZIP CODE <b>00000</b>	PHONE <b>4054252460</b>

OTHER WITNESSES:

Section 5

1	NAME	TITLE	ADDRESS	PHONE
2	NAME	TITLE	ADDRESS	PHONE

No Temporary License Issued:  
Test Below Legal Limit

OFFICER/DPS COPY  
BOT Form AFF01 03/2020



# OFFICER'S AFFIDAVIT AND NOTICE OF REVOCATION/DISQUALIFICATION

Section 1

ARREST DATE 04/10/2020	ARREST TIME 0945	COUNTY # 74	CITY # 92	CITATION # 89911
ARREST LOCATION NONE		CITY NONE	COUNTY NONE	
SUBJECT NAME NORTH, GAYLON LEVERNE		DATE OF BIRTH 08/09/1961	SEX M	RACE W
ADDRESS 3600 MARTIN LUTHER KING A		CITY OKLAHOMA CITY	STATE OK	ZIP CODE 73133
DRIVER LICENSE # T083454871	EXPIRATION DATE 06/30/2019	STATE OK	CLASS A	RESTRICTIONS M
VEHICLE MAKE N	MODEL N	TAG # N	STATE OK	CMV N
PLACARD N				

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

(Describe driving behavior or circumstances):

POST REPAIR MAINTENANCE. NEW GAS CANISTER INSTALL


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

NONE

THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUEST

BREATH-ALCOHOL ANALYSIS RECORD, REPORT OF THE PERSON NAMED IN SECTION 1 ABOVE, and LOG OF TEST AND MAINTENANCE RECORD.

Section 2

EQUIPMENT I-8000	SERIAL NUMBER 80-004888	SPECIALIST BOARD OF TESTS																																				
STANDARD Dry	TARGET VALUE 0.080	PERMIT NUMBER 16837																																				
MANUFACTURER ILMO	LOT # 05620080A2	DATE CYLINDER INSTALLED 04/10/2020	DATE CYLINDER EXPIRES 04/05/2022																																			
OBSERVATION START 1000	TEST DATE 04/10/2020	MOUTHPIECE G	<p>A 15-minute (or greater) deprivation/observation period was observed prior to and continuing to the time of test administration.</p> <p>I administered said Breath-Alcohol Test in compliance with the applicable operating procedure of the Board of Tests.</p> <p>SIGNATURE OF OPERATOR _____</p>																																			
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NAME SMITH, JOSHUA	PERMIT # 0000016837																																					
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AGENCY BOARD OF TESTS																																						

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

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

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

Date served: **04/10/2020** Signature of officer: \_\_\_\_\_ Badge #: \_\_\_\_\_

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

Section 4

Date: **04/10/2020** Place (location when signed): \_\_\_\_\_ Signature of arresting officer: \_\_\_\_\_

NAME SMITH, JOSHUA	AGENCY BOARD OF TESTS		
BADGE 0000000435	AGENCY ADDRESS INTER-AGENCY	ZIP CODE 00000	PHONE 4054252460

No Temporary License Issued:  
Test Below Legal Limit

ARRESTEE'S COPY  
BOT Form AFF02 03/2020



## Certificate of Analysis – Wet Bath



12-10-19	0.020
Date of Analysis	Labeled target value (g/210L)
19050	0.020
Lot Number	Average of results (g/210L)
JOSH SMITH	
BOT Technician Name and Signature	

GUTH LABORATORIES, INC.

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

BRT Form 6.0

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

## CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT 2  
Intoxilyzer – Alcohol Analyzer  
Model 8000  
12/10/2019

SN 80-004923  
14:52

## Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.009	14:53
Cal Check	0.019	14:53
Air Blank	0.000	14:54
Cal Check	0.020	14:55
Air Blank	0.000	14:55
Cal Check	0.019	14:56
Air Blank	0.000	14:56
Cal Check	0.020	14:57
Air Blank	0.000	14:58
Cal Check	0.019	14:58
Air Blank	0.000	14:59
Cal Check	0.020	15:00
Air Blank	0.000	15:00
Cal Check	0.019	15:01
Air Blank	0.000	15:01
Cal Check	0.020	15:02
Air Blank	0.000	15:02
Cal Check	0.020	15:03
Air Blank	0.000	15:04
Cal Check	0.020	15:04
Air Blank	0.000	15:05
Cal Check Stats		
Average	0.0196	
Std Dev	0.0005	
Rel Std Dev(%)	2.6345	

Random Samples of Lot Number 19050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on February 5, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0236% (w/vol) ethyl alcohol. The expiration date for this lot number is February 4, 2021 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.

Operator's Signature

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

## NIST Traceability:

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

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

## Certificate of Analysis – Wet Bath

12.10.19	.040
Date of Analysis	Labeled tank value (g/210L)
19080	.040
Lot Number	Calibrated tank value (g/210L)
JOSH SMITH	
BOT Technician Name and Signature	



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BRT Form 6.0

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

## CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT 2  
Intoxilyzer – Alcohol Analyzer  
Model 8000 SN 80-004923  
12/10/2019 15:16

## Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	15:17
Cal Check	0.040	15:17
Air Blank	0.000	15:18
Cal Check	0.040	15:19
Air Blank	0.000	15:19
Cal Check	0.040	15:20
Air Blank	0.000	15:20
Cal Check	0.040	15:21
Air Blank	0.000	15:22
Cal Check	0.040	15:22
Air Blank	0.000	15:23
Cal Check	0.040	15:24
Air Blank	0.000	15:24
Cal Check	0.040	15:25
Air Blank	0.000	15:25
Cal Check	0.039	15:26
Air Blank	0.000	15:27
Cal Check	0.039	15:27
Air Blank	0.000	15:28
Cal Check	0.039	15:29
Air Blank	0.000	15:29
Cal Check Stats		
Average	0.0397	
Std Dev	0.0004	
Rel Std Dev(%)	1.2167	

Random Samples of Lot Number 19080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 5, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0481% (w/vol) ethyl alcohol. The expiration date for this lot number is March 4, 2021 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.

*[Signature]* 16837  
Operator's Signature

*[Signature]*

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

## NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN12181501 whose values are traceable to NIST.

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



## Certificate of Analysis – Wet Bath



12-10-19	.100
Date of Analysis	Labelled target value (g/210L)
19301	.100
Lot Number	Actual test result (g/210L)
JOSH SMITH	
BOT Technician Name and Signature	

GUTH LABORATORIES, INC.

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BRT Form 6.0

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

## CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT 2  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-004923  
12/10/2019 15:36

## Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	15:37
Cal Check	0.100	15:37
Air Blank	0.000	15:38
Cal Check	0.101	15:39
Air Blank	0.000	15:39
Cal Check	0.100	15:40
Air Blank	0.000	15:40
Cal Check	0.100	15:41
Air Blank	0.000	15:42
Cal Check	0.100	15:42
Air Blank	0.000	15:43
Cal Check	0.099	15:44
Air Blank	0.000	15:44
Cal Check	0.100	15:45
Air Blank	0.000	15:45
Cal Check	0.099	15:46
Air Blank	0.000	15:47
Cal Check	0.100	15:47
Air Blank	0.000	15:48
Cal Check	0.100	15:49
Air Blank	0.000	15:49
Cal Check Stats		
Average	0.0999	
Std Dev	0.0005	
Rel Std Dev(%)	0.5682	

Random Samples of Lot Number 19301 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on November 1, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1210% (w/vol) ethyl alcohol. The expiration date for this lot number is October 30, 2021 at 11:59 PM.

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

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

*[Signature]* 16837  
Operator's Signature

*[Signature]*

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

## NIST Traceability:

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

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

## Certificate of Analysis – Wet Bath

12-11-19	.200
Date of Analysis	Labeled target value (g/210L)
19200	.200
Lot Number	
Josh Smith	
BOY Technician Name and Signature	



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BRT Form 6.0

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

## CERTIFICATE OF ANALYSIS

ALPHA INSTRUMENT 2  
Intoxilyzer – Alcohol Analyzer  
Model 8000  
12/11/2019

SN 80-004923  
08:03

## Certified Alcohol Reference Solution for Simulator

Test	g/210L	Time
Air Blank	0.000	08:04
Cal Check	0.198	08:04
Air Blank	0.000	08:05
Cal Check	0.198	08:06
Air Blank	0.000	08:06
Cal Check	0.197	08:07
Air Blank	0.000	08:08
Cal Check	0.197	08:08
Air Blank	0.000	08:09
Cal Check	0.197	08:10
Air Blank	0.000	08:10
Cal Check	0.197	08:11
Air Blank	0.000	08:11
Cal Check	0.197	08:12
Air Blank	0.000	08:13
Cal Check	0.197	08:13
Air Blank	0.000	08:14
Cal Check	0.196	08:15
Air Blank	0.000	08:15
Cal Check	0.198	08:16
Air Blank	0.000	08:17
Cal Check Stats		
Average	0.1972	
Std Dev	0.0006	
Rel Std Dev(%)	0.3207	

Random Samples of Lot Number 19200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 7, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.2418% (w/vol) ethyl alcohol. The expiration date for this lot number is August 6, 2021 at 11:59 PM.

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

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

Operator's Signature

Ted L. Pauley

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

## NIST Traceability:

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

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