



**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

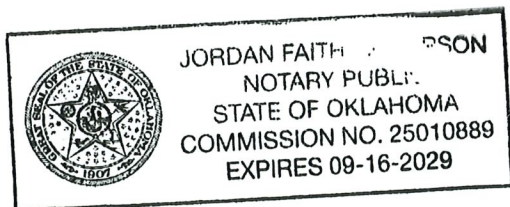
I, the undersigned Joshua Smith (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the 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 80-006155, 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 10/01/2025 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: 7/10/2024

SERIAL: 80-006155

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. 80-006155 on 7/10/2024 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.: 28423080A2-063
 - BOT analysis average test result: 0.082
 - Cylinder expiration date: 11/5/2025
- 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 # | | | |
| 23360 | 23400 | 23450 | 23340 |
| Manufactured Date | | | |
| 9/25/2023 | 10/24/2023 | 12/5/2023 | 9/18/2023 |
| Expiration Date | | | |
| 9/25/2025 | 10/24/2025 | 12/5/2025 | 9/18/2025 |
| Solution Commission Date | | | |
| 7/10/2024 | 7/10/2024 | 7/10/2024 | 7/10/2024 |

Completed by BOT Personnel:


Signature/Name Christopher Pape

Breath-Alcohol Testing Program Administrator
Title

Certified by: 
Signature Joshua Smith
Name

State Director
Title

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

CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT

| | | |
|---------------------------------------|----------------------------------------|----------------------------------------------|
| BENCH CHECK DATE 07/10/2024 | TIME PROCEDURE BEGAN 12:10:2 | INSTRUMENT LOCATION 80-006155 |
| INSTRUMENT TYPE Intoxilyzer | INSTRUMENT MODEL I-8000 | INSTRUMENT SERIAL NUMBER 80-006155 |

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 | 0.039 | 0.039 | 0.039 |
| .10 | 0.101 | 0.099 | 0.099 |
| .20 | 0.199 | 0.197 | 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 7/10/2024 |
| NAME PAPE, CHRISTOPHER | PERMIT # 0000023020 |

Certificate of Calibration

This is to certify the calibration of **Intoxilyzer**® serial number 80-006155, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to conform to the National Highway Traffic Safety Administration (NHTSA) Standard for Devices to Measure Breath Alcohol (Federal Register, Vol.58 No.179, pp 48705-48710, Sept. 17, 1993) for accuracy and precision. Reference materials are traceable through the National Institute of Standards and Technology (NIST) to the International System of Units (SI).

Date June 18, 2024

Signed

Christopher Randall

Technician



316 East 9th Street
Owensboro, KY 42303
USA

Part No. 650517 Rev.A

CMI INC.

Service Evaluation Form

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

Note: Please ship items in their original shipping container.

Contact information:

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

Your Billing Address

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

Your Shipping Address

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

Instrument Serial Number: 80-006155

Detailed Description of Problem:

Instrument's source is unstable. Failed snap test during evaluation after returned from field.

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 |
|  | <u>4/12/2024</u> |
| Signature | Date |

Ship item to:

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



7/20

DATE: 4/24/2024

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

SERVICE WORK ORDER

408746

Bill To:

Department Of Public Safety
Material Management-Maintenance
PO Box 53004
Oklahoma City, OK 73152-9998
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: 80-006155

BILL CODE: Out of Warranty

EXTRA PARTS RCVD:

8000- BH, KB, BATTERY, GAS SHELF

DESCRIPTION OF PROBLEM

INSTRUMENTS SOURCE IS UNSTABLE. FAILED SNAP TEST DURING EVALUATION AFTER RETURNED FROM FIELD.

WORK PERFORMED:

Replaced parts listed; Calibrated/ Final tested; Software 8133.16.

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 | 530030 | TUBING,TYGON,,.375IDx.562OD | 2.00 IN |
| 160 | 210120 | SENSOR,SMD,PRESSURE | 1.00 EA |
| 170 | 140112 | DISPLAY,2x20 VFD 9MM | 1.00 EA |
| 180 | 320643 | HDR,14PIN,2ROW,.100CC,4-SIDED | 1.00 EA |
| 190 | R020982 | SOURCE ASSY, requalified | 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: Levi Ray

SRV4087460001





8/20

STATE OF OKLAHOMA
BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE

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

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

Joshua Smith
Director

Certificate of Analysis – Dry Gas

ALPHA INSTRUMENT

Intoxilyzer - Alcohol Analyzer

Model 8000


SN 80-002591

02/05/2024

09:56

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 09:57 |
| Cal Check | 0.082 | 09:57 |
| Air Blank | 0.000 | 09:57 |
| Cal Check | 0.082 | 09:58 |
| Air Blank | 0.000 | 09:58 |
| Cal Check | 0.081 | 09:59 |
| Air Blank | 0.000 | 09:59 |
| Cal Check | 0.082 | 10:00 |
| Air Blank | 0.000 | 10:00 |
| Cal Check | 0.082 | 10:00 |
| Air Blank | 0.000 | 10:01 |
| Cal Check | 0.081 | 10:01 |
| Air Blank | 0.000 | 10:02 |
| Cal Check | 0.081 | 10:02 |
| Air Blank | 0.000 | 10:03 |
| Cal Check | 0.082 | 10:03 |
| Air Blank | 0.000 | 10:03 |
| Cal Check | 0.082 | 10:04 |
| Air Blank | 0.000 | 10:04 |
| Cal Check | 0.081 | 10:05 |
| Air Blank | 0.000 | 10:05 |
| Cal Check Stats | | |
| Average | 0.0816 | |
| Std Dev | 0.0005 | |
| Rel Std Dev (%) | 0.6328 | |

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

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|
| Manufacturer: ILMO | Manufacturer Cert. No.: 16055 | Cylinder Size: 105L |
| Lot No.: 28423080A2 | Cylinder No.: 063 | Expiration Date: 11/05/2025 |
| The above 105 L cylinder has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference standard meets the requirements for use as a calibrating unit in accordance with 47 O.S. 759, 40 OAC 25-1-3, and appears on the current conforming products list of calibrating units for breath alcohol testers published by the U.S. Department of Transportation in the Federal Register [77 FR 64588 et seq]. * See Dubowski, K.M. and Essary N., <i>Journal of Anal. Toxicol.</i> (1996) 20(6): pp. 484-491. [g/210L = PPM ÷ 2605]. | | |
| Signature  | Date: 02/05/2024 | |
| Name Christopher Pape | Permit No.: 23020 | |



9/20

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: 16055
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 28423080A2
Expiration: 11/5/2025

RCV'D
1/16/2024
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) | NDIR |
| Nitrogen | Balance | [5.2 ppm] | |

Distributed by:

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

*Traceable to:
Certified Reference Material - 261.0 $\mu\text{mol/mol}$
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

10-25-2023
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 07/10/2024 | ARREST TIME 1330 | COUNTY # 55 | CITY # | CITATION # | |
| ARREST LOCATION BOT | | CITY | COUNTY OKLAHOMA | | |
| SUBJECT NAME BREATHTEST, FRANK | | DATE OF BIRTH 03/15/1981 | SEX M | HEIGHT 509 | WEIGHT 175 |
| ADDRESS 3600 MARTIN LUTHER KING | | CITY OKLAHOMA CITY | STATE OK | ZIP CODE 73111 | |
| DRIVER LICENSE # H083463197 | | EXPIRATION DATE 10/31/2022 | STATE OK | CLASS D | RESTRICTIONS ENDORSEMENTS |
| VEHICLE MAKE MOCK | MODEL MOCK | TAG # MOCK | STATE OK | CMV N | PLACARD N |

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

(Describe driving behavior or circumstances):

MOCK SUBJECT TEST


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

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 I-8000 | SERIAL NUMBER 80-006155 | SPECIALIST BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|---------------------------------------------------------------------------------------------------------------|--|
| STANDARD Dry | TARGET VALUE 0.080 | PERMIT NUMBER 23020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURER ILMO | LOT # 28423080A2 | DATE CYLINDER INSTALLED 07/10/2024 | DATE CYLINDER EXPIRES 11/05/2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVATION START 1345 | TEST DATE 07/10/2024 | 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>14:09</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:09</td></tr><tr><td>Breath Volume</td><td>2.121 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:10</td></tr><tr><td>Wait</td><td></td><td>14:11</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:12</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:12</td></tr><tr><td>Breath Volume</td><td>2.148 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:13</td></tr><tr><td>Cal Check</td><td>0.08</td><td>14:13</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:13</td></tr></tbody></table> | | Test | g/210L | Time | Air Blank | 0.00 | 14:09 | Subject Test | 0.00 | 14:09 | Breath Volume | 2.121 LITERS | | Air Blank | 0.00 | 14:10 | Wait | | 14:11 | Air Blank | 0.00 | 14:12 | Subject Test | 0.00 | 14:12 | Breath Volume | 2.148 LITERS | | Air Blank | 0.00 | 14:13 | Cal Check | 0.08 | 14:13 | Air Blank | 0.00 | 14:13 |  SIGNATURE OF OPERATOR | |
| Test | g/210L | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 14:09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.121 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wait | | 14:11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 14:12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.148 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cal Check | 0.08 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NAME PAPE, CHRISTOPHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BADGE # 0000000484 | PERMIT # 0000023020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AGENCY 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 PAPE, CHRISTOPHER | | AGENCY BOARD OF TESTS | |
| BADGE 0000000484 | AGENCY ADDRESS INTER-AGENCY | ZIP CODE 00000 | PHONE 4054252460 |

OTHER WITNESSES:

Section 5

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

OFFICER/DPS COPY

BOT Form AFF01 11/2022

OFFICER'S IMPAIRED DRIVING AFFIDAVIT

11/20

Section 1

| | | | | |
|------------------------------------|---------------------|-------------------------------|--------------------|-------------------|
| ARREST DATE 07/10/2024 | ARREST TIME 1330 | COUNTY # 55 | CITY # | CITATION # |
| ARREST LOCATION BOT | | CITY | COUNTY OKLAHOMA | |
| SUBJECT NAME BREATHTEST, FRANK | | DATE OF BIRTH 03/15/1981 | SEX M | HEIGHT 509 |
| ADDRESS 3600 MARTIN LUTHER KING | | CITY OKLAHOMA CITY | STATE OK | WEIGHT 175 |
| DRIVER LICENSE # H083463197 | | EXPIRATION DATE 10/31/2022 | CLASS D | ZIP CODE 73111 |
| VEHICLE MAKE MOCK | MODEL MOCK | TAG # MOCK | STATE OK | RESTRICTIONS N |
| | | | CMV N | ENDORSEMENTS 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 I-8000 | SERIAL NUMBER 80-006155 | SPECIALIST BOARD OF TESTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|------|--|-------|-----------|------|-------|--------------|------|-------|---------------|--------------|--|-----------|------|-------|-----------|------|-------|-----------|------|-------|---------------------------------------------------------------------------------------------------------------|--|
| STANDARD Dry | TARGET VALUE 0.080 | PERMIT NUMBER 23020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURER ILMO | LOT # 28423080A2 | DATE CYLINDER INSTALLED 07/10/2024 | DATE CYLINDER EXPIRES 11/05/2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OBSERVATION START 1345 | TEST DATE 07/10/2024 | 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>14:09</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:09</td></tr><tr><td>Breath Volume</td><td>2.121 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:10</td></tr><tr><td>Wait</td><td></td><td>14:11</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:12</td></tr><tr><td>Subject Test</td><td>0.00</td><td>14:12</td></tr><tr><td>Breath Volume</td><td>2.148 LITERS</td><td></td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:13</td></tr><tr><td>Cal Check</td><td>0.08</td><td>14:13</td></tr><tr><td>Air Blank</td><td>0.00</td><td>14:13</td></tr></tbody></table> | | Test | g/210L | Time | Air Blank | 0.00 | 14:09 | Subject Test | 0.00 | 14:09 | Breath Volume | 2.121 LITERS | | Air Blank | 0.00 | 14:10 | Wait | | 14:11 | Air Blank | 0.00 | 14:12 | Subject Test | 0.00 | 14:12 | Breath Volume | 2.148 LITERS | | Air Blank | 0.00 | 14:13 | Cal Check | 0.08 | 14:13 | Air Blank | 0.00 | 14:13 |  SIGNATURE OF OPERATOR | |
| Test | g/210L | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 14:09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.121 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wait | | 14:11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Test | 0.00 | 14:12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breath Volume | 2.148 LITERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cal Check | 0.08 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Blank | 0.00 | 14:13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NAME PAPE, CHRISTOPHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | BADGE # 0000000484 | PERMIT # 0000023020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AGENCY 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 PAPE, CHRISTOPHER | | AGENCY BOARD OF TESTS |
| BADGE 0000000484 | AGENCY ADDRESS INTER-AGENCY | ZIP CODE 00000 |
| | | PHONE 4054252460 |

ARRESTEE'S COPY

BOT Form AFF02 11/2022



**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
04/16/2024 11:24

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 11:24 |
| Cal Check | 0.018 | 11:25 |
| Air Blank | 0.000 | 11:25 |
| Cal Check | 0.019 | 11:26 |
| Air Blank | 0.000 | 11:27 |
| Cal Check | 0.019 | 11:27 |
| Air Blank | 0.000 | 11:28 |
| Cal Check | 0.019 | 11:29 |
| Air Blank | 0.000 | 11:29 |
| Cal Check | 0.019 | 11:30 |
| Air Blank | 0.000 | 11:30 |
| Cal Check | 0.019 | 11:31 |
| Air Blank | 0.000 | 11:32 |
| Cal Check | 0.019 | 11:32 |
| Air Blank | 0.000 | 11:33 |
| Cal Check | 0.019 | 11:34 |
| Air Blank | 0.000 | 11:34 |
| Cal Check | 0.019 | 11:35 |
| Air Blank | 0.000 | 11:35 |
| Cal Check | 0.018 | 11:36 |
| Air Blank | 0.000 | 11:37 |
| Cal Check Stats | | |
| Average | 0.0188 | |
| Std Dev | 0.0004 | |
| Rel Std Dev (%) | 2.2426 | |

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

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|
| Manufacturer: Guth | Manufactured Date: 9/25/2023 | Concentration: 0.02 |
| Lot No.: 23360 | Expiration Date: 9/25/2025 | Equipment Model: Guth 2100 |
| The above solution has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference solution meets the requirements for use pursuant to 40 OAC 25-1-2.1. Approved breath-alcohol measurement equipment and reference solutions. Equipment used appears on the current or supplemented Conforming Products List of Calibrating Units for Breath Alcohol Testers (72 FR 34747), published by the National Highway Traffic Safety Administration. | | |
| Signature  | Date: 4/16/2024 | |
| Name: Christopher Pape | Permit No.: 23020 | |

**GUTH LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSISRCVD
12/19/23
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23360** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 26, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0240%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 25, 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 **0.020 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.

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

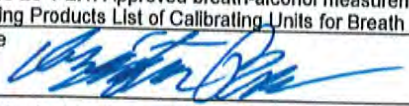
Post Office Box 36307
Oklahoma City, Oklahoma 73136-2307
Phone: (405) 425-2460 Fax: (405) 425-2490
www.bot.ok.gov

Joshua Smith
Director

Certificate of Analysis – Reference Solution

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
05/02/2024 09:26

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 09:26 |
| Cal Check | 0.039 | 09:27 |
| Air Blank | 0.000 | 09:28 |
| Cal Check | 0.039 | 09:28 |
| Air Blank | 0.000 | 09:29 |
| Cal Check | 0.039 | 09:30 |
| Air Blank | 0.000 | 09:30 |
| Cal Check | 0.039 | 09:31 |
| Air Blank | 0.000 | 09:31 |
| Cal Check | 0.039 | 09:32 |
| Air Blank | 0.000 | 09:33 |
| Cal Check | 0.040 | 09:33 |
| Air Blank | 0.000 | 09:34 |
| Cal Check | 0.039 | 09:35 |
| Air Blank | 0.000 | 09:35 |
| Cal Check | 0.039 | 09:36 |
| Air Blank | 0.000 | 09:37 |
| Cal Check | 0.039 | 09:37 |
| Air Blank | 0.000 | 09:38 |
| Cal Check | 0.039 | 09:38 |
| Air Blank | 0.000 | 09:39 |
| Cal Check Stats | | |
| Average | 0.0391 | |
| Std Dev | 0.0003 | |
| Rel Std Dev (%) | 0.8087 | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|
| NIST Traceable Breath-Alcohol Equivalent (g/210L +/- 3%) Ratio of ethanol and water free of test interfering substances. | | |
| Manufacturer: Guth | Manufactured Date: 10/24/2023 | Concentration: 0.04 |
| Lot No.: 23400 | Expiration Date: 10/24/2025 | Equipment Model: Guth 2100 |
| <p>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.</p> | | |
| Signature  | Date: 5/2/2024 | |
| Name Christopher Pape | Permit No.: 23020 | |

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSISRCVD
12/19/23
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 25, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.0484%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 24, 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 **0.040 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

01/23/2024

09:07

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 09:08 |
| Cal Check | 0.099 | 09:08 |
| Air Blank | 0.000 | 09:09 |
| Cal Check | 0.099 | 09:10 |
| Air Blank | 0.000 | 09:10 |
| Cal Check | 0.100 | 09:11 |
| Air Blank | 0.000 | 09:11 |
| Cal Check | 0.100 | 09:12 |
| Air Blank | 0.000 | 09:13 |
| Cal Check | 0.100 | 09:13 |
| Air Blank | 0.000 | 09:14 |
| Cal Check | 0.100 | 09:15 |
| Air Blank | 0.000 | 09:15 |
| Cal Check | 0.100 | 09:16 |
| Air Blank | 0.000 | 09:17 |
| Cal Check | 0.100 | 09:17 |
| Air Blank | 0.000 | 09:18 |
| Cal Check | 0.100 | 09:18 |
| Air Blank | 0.000 | 09:19 |
| Cal Check | 0.100 | 09:20 |
| Air Blank | 0.000 | 09:20 |
| Cal Check Stats | | |
| Average | 0.0998 | |
| Std Dev | 0.0004 | |
| Rel Std Dev (%) | 0.4224 | |

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| Manufacturer: Guth | Manufactured Date: 12/5/2023 | Concentration: 0.100 |
| Lot No.: 23450 | Expiration Date: 12/5/2025 | Equipment Model: Guth 2100 |
| <p>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.</p> | | |
| Signature:  | Date: 01/23/2024 | |
| Name: Christopher Pape | Permit No.: 23020 | |

**GUTH LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSISRCVP
12/19/23
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23450** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 7, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1211%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 5, 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 **FN03072301** 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

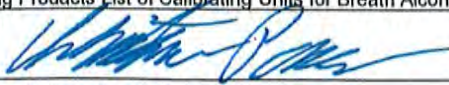
SN 80-002591

10/04/2023

09:22

| Test | g/210L | Time |
|-----------------|--------|-------|
| Air Blank | 0.000 | 09:22 |
| Cal Check | 0.198 | 09:23 |
| Air Blank | 0.000 | 09:24 |
| Cal Check | 0.198 | 09:24 |
| Air Blank | 0.000 | 09:25 |
| Cal Check | 0.199 | 09:26 |
| Air Blank | 0.000 | 09:26 |
| Cal Check | 0.198 | 09:27 |
| Air Blank | 0.000 | 09:27 |
| Cal Check | 0.198 | 09:28 |
| Air Blank | 0.000 | 09:29 |
| Cal Check | 0.198 | 09:29 |
| Air Blank | 0.000 | 09:30 |
| Cal Check | 0.198 | 09:31 |
| Air Blank | 0.000 | 09:31 |
| Cal Check | 0.198 | 09:32 |
| Air Blank | 0.000 | 09:33 |
| Cal Check | 0.199 | 09:33 |
| Air Blank | 0.000 | 09:34 |
| Cal Check | 0.199 | 09:35 |
| Air Blank | 0.000 | 09:35 |
| Cal Check Stats | | |
| Average | 0.1983 | |
| Std Dev | 0.0004 | |
| Rel Std Dev (%) | 0.2435 | |

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| Manufacturer: Guth | Manufactured Date: 9/18/2023 | Concentration: 0.200 |
| Lot No.: 23340 | Expiration Date: 9/18/2025 | Equipment Model: Guth 2100 |
| <p>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.</p> | | |
| Signature  | Date: 10/4/2023 | |
| Name Christopher Pape | Permit No.: 23020 | |

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSISACVD
10/2/2023
CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 19, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.2399%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 18, 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 **0.200 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 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.

| | | |
|----------------------------------------------------|-----------------------------------|---------------------------------------|
| Location Returned From Midwest City PD 2 | Unit Serial # 80-006155 | Date: 20/20 10/11/23 |
|----------------------------------------------------|-----------------------------------|---------------------------------------|

Inventory Process

| | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Unit checked in to BOT <input checked="" type="checkbox"/> New Unit Checked out | <input checked="" type="checkbox"/> Unlink Gas Canister from Unit <input checked="" type="checkbox"/> Remove old cylinder from unit (After Lab Evaluation) | Old Cylinder #: 19021080A2-018 <input checked="" type="checkbox"/> Old cylinder disposed in inventory <input checked="" type="checkbox"/> Old cylinder archived |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Check in Procedure <input checked="" type="checkbox"/> Connect unit to ethernet connection 172.019.004. 141 <input checked="" type="checkbox"/> Download any stored records 0 <input checked="" type="checkbox"/> Change unit location to Serial number <input checked="" type="checkbox"/> Update Unit Date and time Previous time: 10/12/2023 12:46 New Time: 10/12/2023 12:48 <input checked="" type="checkbox"/> Execute a new Forms load on the unit | Notes from the Field <input checked="" type="checkbox"/> Routine Swap <input type="checkbox"/> Issues in the Field |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

Lab Evaluation

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

DVM

| | | |
|------------------|----------------------------|---------------------------------------------------|
| 3μm 12966 | Chamber Temp 47.00 | Snap Test ok? <input type="checkbox"/> |
| 9μm 13775 | Breath Hose Temp 45 | RFI Detected? <input checked="" type="checkbox"/> |

Peripheral Tests

| | | | |
|---------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| Speaker (F5) <input checked="" type="checkbox"/> | Power LED Green (F6) <input checked="" type="checkbox"/> | Red (F7) <input checked="" type="checkbox"/> | Fan (F9) <input checked="" type="checkbox"/> |
| Gas Regulator (F11) <input checked="" type="checkbox"/> | Pump (F10) <input checked="" type="checkbox"/> | Receipt paper <input checked="" type="checkbox"/> | |

| | | |
|---------------------------------------------------|-----------------------|--------------------|
| Atmospheric Sensor | Flow Sensor | Tank Sensor |
| Pressure 956 Correction Factor 1.05 | Resistance 167 | Value 879 |

Is regulator close to Tank Sensor Value?
☒ Yes / ☐ No

| | | |
|-----------------------------|------------------------------------------------------------------------------------------------|--|
| Sent to CMI (If needed) | Reason Sent | |
| Date Sent 4/12/24 | Instrument's source is unstable. Failed snap test during evaluation after returned from field. | |
| Invoice Sent 5/20/24 | | |
| Date Returned 7/1/24 | | |

| | |
|------------------------|----------------------|
| Repairs needed: | Repairs Made: |
|------------------------|----------------------|

Ready for Bench Check? ☒

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inventory Process <input type="checkbox"/> Linked Cylinder to Unit <input type="checkbox"/> Changed Unit Status <input type="checkbox"/> Bench Check Report Completed | <input type="checkbox"/> Bench Check Technician Report <input type="checkbox"/> Mock Subject Test Completed <input type="checkbox"/> Certificate of Calibration and Operation <input type="checkbox"/> Service Overview Completed |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| To complete if unit sent to CMI | |
| <input type="checkbox"/> CMI Workorder <input type="checkbox"/> CMI Certificate of Calibration <input type="checkbox"/> CMI Service Evaluation Form | |