



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED 3/24/14-CD

REVIEWED REPORT #4
 By Carol Day at 3:33 pm, Apr 01, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days) or whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66-005157	NAME OF AGENCY Independence AA	DATE OF INSPECTION 03-15-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 223 N. Memorial Dr	Independence MO	TIME OF INSPECTION 2055 HRS

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) .40/

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 03/15/14 2056

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER Guth Lab Inc LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN DR4900 EXP. DATE 02/21/2015

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .097	TEST 2 .099	TEST 3 .099
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PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0-.04 <u>/</u>	.05-.09	.10-.14	.15-.19 <u>/</u>	Over .19
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

Power failure w BLAG. maintenance completed.

INSPECTING OFFICER

SIGNATURE <u>Tom Hargus</u>	PRINT FULL NAME <u>Tom Hargus</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230146 08/01/2015</u>	TELEPHONE NUMBER <u>816 325-7293</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

681 55-009150 03/19/2014
1755 13 20157

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COMMENTS

Harga - Rp

OFFICER'S SIGNATURE & SERIAL NO.

NO. 123456789
123456789
123456789
123456789

ACT	TIME
1234	20:50
5678	21:00
9012	21:10
3456	21:20
7890	21:30
1234	21:40
5678	21:50
9012	22:00

NO REF PRESENT

COMMENTS

Harg-ky

OFFICER'S SIGNATURE & SERIAL NO.

IN RE: JOSHUA
EDWARDS
PUBLIC DEFENSE
EXHIBITS - FBI

03/18/2014
21:00

COMMENTS

Hargraves

OFFICER'S SIGNATURE & SERIAL NO.



GUTH LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is October 29, 2015 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 FN122211-02 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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 2/21/2014 Expires: 02/21/2015
Digital Therm. SN:093752 Temp:34.00
MSC Tech:RW
Agency: INDEPENDENCE POLICE DEPT
DR4900




Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 2/21/2014

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears Todo Hargis.
Who, being by me duly sworn, deposed as follows:

My name is Todo Hargis I am of sound mind, capable of making this
affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of *Intoxilyzer 5000* Serial number 66-005157.
Attached hereto are 8 pages of records from the **Independence Missouri Police
Department**. These pages of records are kept by the **Independence Missouri Police
Department** in regular course of business of the **Independence Missouri Police
Department** for an employee or representative of the **Independence Missouri Police
Department** with the knowledge of the act, event, condition, opinion, or diagnosis
recorded to make the record or to transmit information thereof to be included in such
record, and the record was made at or near the time of the act, event, condition, opinion
or diagnoses. The records attached hereto are the original or exact duplicates of the
original.

Todo Hargis
AFFIANT

Subscribed and sworn to me on this 18th day of March, 2014.

Samantha Morris
NOTARY PUBLIC



SAMANTHA MORRIS
My Commission Expires
January 24, 2017
Jackson County
Commission #13439145