



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

RECEIVED

By Carol Day at 3:15 pm, Apr 11, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report 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 PD	DATE OF INSPECTION 04-09-14
LOCATION OF INSTRUMENT (STREET AND CITY) 223 N. Memorial Dr Independence Mo	Not tested with	TIME OF INSPECTION 0914

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) **.413**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) **04-09-14 0915**

CHARACTER DISPLAY TEST

PRINT TEST (PRINTOUT ATTACHED)

SIMULATOR SOLUTION SUPPLIER **Cuth 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 * .097	TEST 3 * .098
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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	.05-.09	.10-.14	.15-.19 //	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).

INSPECTING OFFICER

SIGNATURE Todd Hargis	PRINT FULL NAME Todd Hargis
TYPE II PERMIT NUMBER/EXPIRATION DATE 230146 08/01/2015	TELEPHONE NUMBER

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

100 DETENTION UNIT
LIBRARY/228 - A CONDL HWK 12EP
100 MODEL 5800 SN 66-065157
23/03/2014

DIAGNOSTIC TEST

09:15

FRON CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

COMMENTS _____

Hargis 824

OFFICER'S SIGNATURE & SERIAL NO.

SN 05 896157
E735 23

91/09/2014
09:16

ABCDEFGHIJKLMN OPQRSTU VWXYZ0123
ABCDEFGHIJKLMN OPQRSTU VWXYZ0123456789
ABCDEFGHIJKLMN OPQRSTU VWXYZ012345678910#*+&@#
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU
ABCDEFGHIJKLMN OPQRSTU VWXYZ012345678910#*+&@#

COMMENTS _____

Hargreaves

OFFICER'S SIGNATURE & SERIAL NO.

NOISE POLLUTION UNIT
ANALYZER IN COND. ANALYZER
NO NOISEL 3000 31 66-005157
04/03/2014

TEST	NOISE	TIME
AIR BLANK	.000	09:17
CAL. CHECK	.097	09:18
AIR BLANK	.000	09:18
CAL. CHECK	.097	09:19
AIR BLANK	.000	09:19
CAL. CHECK	.098	09:19
AIR BLANK	.000	09:20

NO RFI PRESENT

COMMENTS _____

Harger 87

OFFICER'S SIGNATURE & SERIAL NO.

1: 50 820157
8750 25
IPM 10 TEST
INHIBITED - RFI

04/09/2014
09:21

COMMENTS _____

Hargis 874

OFFICER'S SIGNATURE & SERIAL NO.



GUTH LABORATORIES, INC.

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

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.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
TODD W HARGIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/1/2013

NUMBER 230146

EXPIRES 8/1/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator HARGIS, TODD
Permit No 230146
Date Issued 8/1/2013 Date Expires 8/1/2015



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 Todd Hargis.
Who, being by me duly sworn, deposed as follows:

My name is Todd 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 7 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.

Todd Hargis
AFFIANT

Subscribed and sworn to me on this 10 day of April, 2014.

Shari L. Rector
NOTARY PUBLIC

SHARI L. RECTOR
Notary Public - Notary Seal
State of Missouri
Commissioned for Jackson County
My Commission Expires: December 15, 2015
Commission Number: 11416504