



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
CFI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
 By Carol Day at 10:52 am, Aug 05, 2014

REPORT #2

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send one copy to Department of Health and Senior Services, and retain one copy in department file.

INSTRUMENT SERIAL NUMBER 80-005835	LOCATION OF INSTRUMENT DUQUESNE POLICE DEPT	DATE OF INSPECTION 08/04/2014	TIME OF INSPECTION 16:03
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	16:06	WET	14110	05/01/2016
Cal Check	0.096	16:07	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	16:07	34.0	DR5372	03/07/2015
Cal Check	0.096	16:08	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	16:08	0.100	GUTH	
Cal Check	0.097	16:09	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	16:09	0.096		
			CALIBRATION CHECK RESULT 2		
			0.096		
			CALIBRATION CHECK RESULT 3		
			0.097		
			MAXIMUM DEVIATION (MUST BE WITHIN 8%)	SPREAD (MUST BE .005 OR LESS)	
			4.0%	0.001	

Pass

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
Test	Result	Time	Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	RFI*	16:10
RAM Test	Pass		Air Blank	0.000	16:10
EEPROM Checksum Test	Pass		*RFI Detect		
Real Time Clock Test	Pass				
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass				

Pass

Pass

NUMBER OF REFUSALS AND SUBJECT BREATH TESTS IN EACH RANGE SINCE LAST MAINTENANCE REPORT							
REFUSALS	.00-.04	.05-.09	.10-.14	.15-.19	OVER .19		
0	2	0	0	0	0	0	0

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:

PRINT NAME: **RONNY HOUDYSHELL**

TYPE II PERMIT NUMBER: **230325**

EXPIRATION DATE: **12/23/2015**

TELEPHONE NUMBER: **4177819494**



GUTH LABORATORIES, INC.

690 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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 2016 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: 19CSR 25-30.051 (4).

Checked: 03/07/2014 Expires: 03/07/2015
MSC Tech: DDD
Temp: 34.01 Digital Therm. SN: 093752
Agency: Duquesne Police Department
DR5372



Technician Printed Name: DONALD D. DeBOARD

Technician Signature: Donald D. DeBoard

Date: 3-7-2014

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