



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

RECEIVED
 By Carol Day at 4:15 pm, Feb 10, 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 80-005847	LOCATION OF INSTRUMENT IPD DETENTION UNIT	DATE OF INSPECTION 02/10/2014	TIME OF INSPECTION 10:28
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE WET	STANDARD LOT # 13290	STANDARD EXPIRATION DATE 10/29/2015
Air Blank	0.000	10:31	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/25/2014
Cal Check	0.102	10:31	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
Air Blank	0.000	10:32	CALIBRATION CHECK RESULT 1 0.102		
Cal Check	0.101	10:33	CALIBRATION CHECK RESULT 2 0.101		
Air Blank	0.000	10:33	CALIBRATION CHECK RESULT 3 0.102		
Cal Check	0.102	10:34	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 2.0%		
Air Blank	0.000	10:34	SPREAD (MUST BE .005 OR LESS) 0.001		

Pass

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Voltage/Current Test	Pass	Test	g/210L	Time
RAM Test	Pass	-----		
EEPROM Checksum Test	Pass	Air Blank	0.000	10:35
Real Time Clock Test	Pass	Subject Test	RFI*	10:35
DSP Test	Pass	Air Blank	0.000	10:36
Analytical Stability Test	Pass	*RFI Detect		
Modem Test	Pass	Pass		
Temperature Regulation Test	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	
1	1	1	0	2	1	

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 <i>Todd Hargis</i>	PRINT NAME TODD HARGIS	
TYPE II PERMIT NUMBER 230146	EXPIRATION DATE 08/01/2015	TELEPHONE NUMBER 816 325-7293



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470.

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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (RG-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

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 8U-005847.
Attached hereto are 3 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 10th day of February, 2014.



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

Samantha Morris
NOTARY PUBLIC