



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

**RECEIVED**

By Carol Day at 2:16 pm, Feb 04, 2014

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 80-005856	LOCATION OF INSTRUMENT DUQUESNE POLICE DEPT	DATE OF INSPECTION 01/26/2014	TIME OF INSPECTION 09:06
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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	09:31	WET	13210	07/29/2015
Cal Check	0.101	09:32	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	09:32	34.0	DR5372	07/01/2014
Cal Check	0.101	09:33	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	09:34	0.100	GUTH	
Cal Check	0.102	09:34	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	09:35	0.101		
			CALIBRATION CHECK RESULT 2		
			0.101		
			CALIBRATION CHECK RESULT 3		
			0.102		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.001	

**Pass**

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS	
Test	Pass	Test	Time
Voltage/Current Test	Pass	Air Blank	09:35
RAM Test	Pass	Air Blank	09:35
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	.05-.04	.05-.03	.10-.14	.15-.19	OVER .19	
0	104	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).  
MAINT

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME RONNY HOUDYSHELL
TYPE II PERMIT NUMBER 230325	EXPIRATION DATE 12/23/2015
TELEPHONE NUMBER 4177819494	





**GUTH LABORATORIES, INC.**

800 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-654-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 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

## INSTRUMENT OPERATOR CARD

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



Operator HOUDYSHELL, RONNY  
Permit No 230325  
Date Issued 12/23/2013 Date Expires 12/23/2015