



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

**RECEIVED**  
 Check and whenever instrument is repaired.  
 By Carol Day at 9:49 am, Dec 30, 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.

INSTRUMENT SERIAL NUMBER 80-005835	LOCATION OF INSTRUMENT DUQUESNE POLICE DEPT	DATE OF INSPECTION 12/26/2014	TIME OF INSPECTION 21:32
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE WET	STANDARD LOT # 14110	STANDARD EXPIRATION DATE 05/01/2016
Air Blank	0.000	21:36	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER MP2103	SIM CERTIFICATE EXPIRATION 12/02/2015
Cal Check	0.100	21:36	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH	
Air Blank	0.000	21:37	CALIBRATION CHECK RESULT 1 0.100		
Cal Check	0.100	21:38	CALIBRATION CHECK RESULT 2 0.100		
Air Blank	0.000	21:38	CALIBRATION CHECK RESULT 3 0.099		
Cal Check	0.099	21:39	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	21:39	<b>Pass</b>		

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		Air Blank	0.000	21:40
RAM Test	Pass		Subject Test	RFI*	21:41
EEPROM Checksum Test	Pass		Air Blank	0.000	21:42
Real Time Clock Test	Pass		<b>Pass</b>		
DSP Test	Pass				
Analytical Stability Test	Pass				
Modem Test	Pass				
Temperature Regulation Test	Pass		*RFI Detect		

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	0	0	1	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	
		CORNETT, JEFFREY	
TYPE II PERMIT NUMBER 240271	EXPIRATION DATE 06/12/2016	TELEPHONE NUMBER 4177829494	



**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 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.*



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



**PERMIT**  
**TYPE II**

**JEFFREY A CORNETT**

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

**DATAMASTER, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER**

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 6/12/2014

NUMBER 240271

EXPIRES 6/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-6 (15-10)

MO 580-0771 (6-10)



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 CORNETT, JEFFREY  
Permit No 240271  
Date Issued 6/12/2014 Date Expires 6/12/2016