



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

received 10/1/14-cd

REVIEWED REPORT #2
By Carol Day at 11:52 am, Oct 15, 2014

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

INSTRUMENT SERIAL NUMBER 80-005850	LOCATION OF INSTRUMENT LAKE WINNEBAGO PD	DATE OF INSPECTION 09/24/2014	TIME OF INSPECTION 22:35
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
---	---	---	WET	13280	10/16/2015
Air Blank	0.000	22:45	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Cal Check	0.099	22:46	34.0	094948	09/24/2015
Air Blank	0.000	22:47	STANDARD VALUE	STANDARD SUPPLIER	
Cal Check	0.099	22:47	0.100	GUTH LABORATORIES INC013280	
Air Blank	0.000	22:48	CALIBRATION CHECK RESULT 1		
Cal Check	0.099	22:48	0.099		
Air Blank	0.000	22:49	CALIBRATION CHECK RESULT 2		
Pass			0.099		
			CALIBRATION CHECK RESULT 3		
			0.099		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			1.0%	0.000	

DIAGNOSTIC TEST RESULTS			RFI TEST RESULTS		
			Test	g/210L	Time
Voltage/Current Test	Pass		---	---	---
RAM Test	Pass		Air Blank	RFI*	22:49
EEPROM Checksum Test	Pass		Air Blank	0.000	22:50
Real Time Clock Test	Pass		Pass		
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	
1	19	1	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).
Time-Date changed.

INSPECTING OFFICER			
SIGNATURE <i>Jason MCGinness</i>		PRINT NAME MCGINNESS, JASON	
TYPE II PERMIT NUMBER 230165	EXPIRATION DATE 08/14/2015	TELEPHONE NUMBER 816-537-7900	



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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.



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: 09/24/2014 Expires: 09/24/2015
Digital Therm. SN:094948
MSC Tech:DRL Temp:34.02
Agency: Lake Winnebago Police Dept.
SD 2251



Technician Printed Name: DAW Lucas

Technician Signature: 

Date: 09/24/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



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



**PERMIT
 TYPE II**

JASON M MCGINNESS

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 8/14/2013

NUMBER 230165

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 MCGINNESS, JASON
 Permit No 230165
 Date issued 8/14/2013 Date Expires 8/14/2015