



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

**RECEIVED**  
By Carol Day at 1:57 pm, Jul 14, 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 80-005848	LOCATION OF INSTRUMENT IPD BATVAN 2	DATE OF INSPECTION 07/08/2014	TIME OF INSPECTION 00:03
---------------------------------------	--	----------------------------------	-----------------------------

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	00:04	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/21/2015
Cal Check	0.096	00:05	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
Air Blank	0.000	00:06	CALIBRATION CHECK RESULT 1 0.096		
Cal Check	0.096	00:06	CALIBRATION CHECK RESULT 2 0.096		
Air Blank	0.000	00:07	CALIBRATION CHECK RESULT 3 0.097		
Cal Check	0.097	00:08	MAXIMUM DEVIATION (MUST BE WITHIN 5%) 4.0%		
Air Blank	0.000	00:08	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		Air Blank	0.000	00:09
EEPROM Checksum Test	Pass		Subject Test	RFI*	00:09
Real Time Clock Test	Pass		Air Blank	0.000	00:09
DSP Test	Pass		*RFI Detect		
Analytical Stability Test	Pass		Pass		
Modem Test	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	
0	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 #1351	PRINT NAME JONATHAN HOLLINGSHEAD	
TYPE II PERMIT NUMBER 230203	EXPIRATION DATE 09/23/2015	TELEPHONE NUMBER 816-325-7293



## 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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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

2

**PERMIT  
TYPE II**

**JONATHAN M HOLLINGSHEAD**

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 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 9/23/2013

NUMBER 230203

EXPIRES 9/23/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HOLLINGSHEAD, JONATHAN  
Permit No 230203  
Date Issued 9/23/2013 Date Expires 9/23/2015



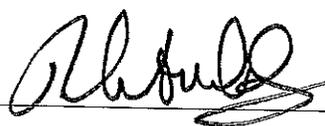
## Simulator Calibration Report

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: 2/21/2014      Expires: 02/21/2015  
Digital Therm. SN:093752    Temp:34.00  
MSC Tech:RW  
Agency: INDEPENDENCE POLICE DEPT  
DR4900



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 2/21/2014

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

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 8000* Serial number 80-005848.  
Attached hereto are 4 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 8 day of July, 2014.

Shari L. Rector  
NOTARY PUBLIC

