



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED

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.

By Carol Day at 11:15 am, Sep 03, 2015

INSTRUMENT SERIAL NUMBER 80-005828	LOCATION OF INSTRUMENT WEBB CITY P. D.	DATE OF INSPECTION 09/02/2015	TIME OF INSPECTION 01:08
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CALIBRATION CHECK RESULTS		
Test	g/210L	Time
Air Blank	0.000	01:15
Cal Check	0.096	01:16
Air Blank	0.000	01:16
Cal Check	0.095	01:17
Air Blank	0.000	01:17
Cal Check	0.095	01:18
Air Blank	0.000	01:19

Pass

CALIBRATION CHECK SUMMARY		
STANDARD TYPE WET	STANDARD LOT # 15050	STANDARD EXPIRATION DATE 03/09/2017
SIM TEMPERATURE 34.0	SIM SERIAL NUMBER MP2947	SIM CERTIFICATE EXPIRATION 06/23/2016
STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH	
CALIBRATION CHECK RESULT 1 0.096		
CALIBRATION CHECK RESULT 2 0.095		
CALIBRATION CHECK RESULT 3 0.095		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 5.0%		SPREAD (MUST BE .005 OR LESS) 0.001

DIAGNOSTIC TEST RESULTS	
Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temperature Regulation Test	Pass

Pass

RFI TEST RESULTS		
Test	g/210L	Time
Air Blank	0.000	01:19
Subject Test	RFI*	01:19
Air Blank	0.000	01:20

*RFI Detect

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	1	1	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 	PRINT NAME CHRISTOPHER SHONK
TYPE II PERMIT NUMBER 250170	EXPIRATION DATE 07/23/2017
TELEPHONE NUMBER 417-673-1911	



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

2

**PERMIT
 TYPE II**

CHRISTOPHER SHONK

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

INTOX DMT, 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 7/23/2015

NUMBER 250170

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 **15050** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 11, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 9, 2017** 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 FN08051301 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.