

RECEIVED
By Carol Day at 7:47 am, Feb 04, 2015



STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #:

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 80-00582E	LOCATION OF INSTRUMENT DUQUESNE POLICE DEPT	DATE OF INSPECTION 02/03/2015	TIME OF INSPECTION 01:10
---------------------------------------	--	----------------------------------	-----------------------------

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	01:14	SIM TEMPERATURE 34.0	SIM SERIAL NUMBER MP2103	SIM CERTIFICATE EXPIRATION 12/02/2015
Cal Check	0.101	01:15	STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH	
Air Blank	0.000	01:15	CALIBRATION CHECK RESULT 1 0.101		
Cal Check	0.102	01:16	CALIBRATION CHECK RESULT 2 0.102		
Air Blank	0.000	01:17	CALIBRATION CHECK RESULT 3 0.102		
Cal Check	0.102	01:17	MAXIMUM DEVIATION (MUST BE WITHIN 6%) 2.0%	SPREAD (MUST BE .005 OR LESS) 0.001	
Air Blank	0.000	01:18	<h1>Pass</h1>		

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
		Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	01:18
RAM Test	Pass	Subject Test	RFI*	01:19
EEPROM Checksum Test	Pass	Air Blank	0.000	01:19
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass			
Analytical Stability Test	Pass			
Modem Test	Pass			
Temperature Regulation Test	Pass			
<h1>Pass</h1>		<h1>Pass</h1>		

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	1	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 #806	PRINT NAME CORNETT, JEFFREY
TYPE / PERMIT NUMBER 240271	EXPIRATION DATE 06/12/2016
TELEPHONE NUMBER 4177829494	



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-654-5470

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

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

MO 586-0771 (8-10)

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