



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

**RECEIVED**  
 By Carol Day at 12:07 pm, May 12, 2015

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 80-005846	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 05/09/2015	TIME OF INSPECTION 08:27
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**CALIBRATION CHECK RESULTS**

Test	g/210L	Time
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Air Blank	0.000	08:30
Cal Check	0.100	08:30
Air Blank	0.000	08:31
Cal Check	0.099	08:31
Air Blank	0.000	08:32
Cal Check	0.100	08:33
Air Blank	0.000	08:33

**Pass**

**CALIBRATION CHECK SUMMARY**

STANDARD TYPE WET	STANDARD LOT # 14220	STANDARD EXPIRATION DATE 09/24/2016
SIM TEMPERATURE 34.0	SIM SERIAL NUMBER DR4900	SIM CERTIFICATE EXPIRATION 02/19/2016
STANDARD VALUE 0.100	STANDARD SUPPLIER GUTH LAB INC	
CALIBRATION CHECK RESULT 1 0.100		
CALIBRATION CHECK RESULT 2 0.099		
CALIBRATION CHECK RESULT 3 0.100		
MAXIMUM DEVIATION (MUST BE WITHIN 5%) 1.0%		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
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Air Blank	RFI*	08:33
Air Blank	0.000	08:34
*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
5	8	0	1	4	3

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 <i>Ron Baltzer</i>	PRINT NAME RON BALTZER	
TYPE II PERMIT NUMBER 230143	EXPIRATION DATE 08/01/2015	TELEPHONE NUMBER 816-325-7300



**GUTH LABORATORIES, INC.**

690 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 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 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 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.*



## 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: 02/19/2015 Expires: 02/19/2016  
Digital Therm. SN: 358440  
MSC Tech: DDD Temp: 34.00  
Agency: Independence Police Dept  
DR4900

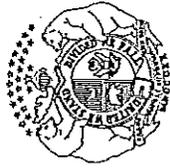


Technician Printed Name: Donald D. DeBoard

Technician Signature: Donald D. DeBoard

Date: 2-19-15

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



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

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**PERMIT**  
**TYPE II**

**RON BALTZER**

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, DATAMASTER, 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 8/1/2013  
NUMBER 230143  
EXPIRES 8/1/2015

*W. S. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Shal V. ...*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (6-10)

LAB-4 (06-10)

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 80-005846.  
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 12 day of May, 2015.

Samantha Morris  
NOTARY PUBLIC



SAMANTHA MORRIS  
My Commission Expires  
January 24, 2017  
Jackson County  
Commission #13439145