



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

RECEIVED

By Carol Day at 9:34 am, Jun 12, 2015

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 80-005846	LOCATION OF INSTRUMENT IPD DETENTION	DATE OF INSPECTION 06/08/2015	TIME OF INSPECTION 14:31
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CALIBRATION CHECK RESULTS			CALIBRATION CHECK SUMMARY		
Test	g/210L	Time	STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
Air Blank	0.000	14:33	WET	14220	09/24/2016
Cal Check	0.098	14:34	SIM TEMPERATURE	SIM SERIAL NUMBER	SIM CERTIFICATE EXPIRATION
Air Blank	0.000	14:35	34.0	DR4900	02/19/2016
Cal Check	0.098	14:35	STANDARD VALUE	STANDARD SUPPLIER	
Air Blank	0.000	14:36	0.100	GUTH LAB INC	
Cal Check	0.098	14:37	CALIBRATION CHECK RESULT 1		
Air Blank	0.000	14:37	0.098		
Cal Check	0.098	14:37	CALIBRATION CHECK RESULT 2		
Air Blank	0.000	14:37	0.098		
Pass			CALIBRATION CHECK RESULT 3		
			0.098		
			MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)	
			2.0%	0.000	

DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS		
Test	Result	Test	g/210L	Time
Voltage/Current Test	Pass	Air Blank	0.000	14:38
RAM Test	Pass	Subject Test	RFI*	14:38
EEPROM Checksum Test	Pass	Air Blank	0.000	14:38
Real Time Clock Test	Pass	*RFI Detect		
DSP Test	Pass	Pass		
Analytical Stability Test	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	
4	4	5	4	1	2	

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 TODD HARGIS	
TYPE II PERMIT NUMBER 230146	EXPIRATION DATE 08/01/2015	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 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**

TODD W. HARGIS

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 8/1/2013

NUMBER 230146

EXPIRES 8/1/2015

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 HARGIS, TODD
Permit No 230146
Date Issued 8/1/2013 Date Expires 8/1/2015

IN THE STATE OF MISSOURI
COUNTY OF JACKSON

AFFIDAVIT

Before me, the undersigned authority personally appears
Who, being by me duly sworn, deposed as follows:

TOPP HARGIS

My name is TOPP 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 80-005896. 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.

Topp Hargis
AFFIANT

Subscribed and sworn to me on this 8th day of June, 2015.

Samantha Morris
NOTARY PUBLIC



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