MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
By Brian Lutmer at 1:17 pm, Oct 14, 2015

ORT #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	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-005847	IPD BAT STATION 1	10/08/2015	14:38

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	14:40
Cal Check	0.103	14:41
Air Blank	0.000	14:41
Cal Check	0.102	14:42
Air Blank	0.000	14:42
Cal Check	0.102	14:43
Air Blank	0.000	14:44

Pass

CALIBRATION CHECK SUMMARY

STANDARD TYPE	STANDARD LOT #	STANDARD EXPIRATION DATE
WET	14220	09/24/2016
SIM TEMPERATURE	**SIM SERIAL NUMBER**	**SIM CERTIFICATE EXPIRATION**
34.0	DR4900	02/19/2016
STANDARD VALUE	**STANDARD SUPPLIER**	
0.100	GUTH LAB INC	

CALIBRATION CHECK RESULT 1: 0.103

CALIBRATION CHECK RESULT 2: 0.102

CALIBRATION CHECK RESULT 3: 0.102

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
3.0%	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	14:44
Subject Test	RFI*	14:45
Air Blank	0.000	14:45

*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
1	5	2	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	PRINT NAME
Todd Hargis	TODD HARGIS

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250157	07/22/2017	816 325-7293

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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.

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 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 7/22/2015

NUMBER 250157

EXPIRES 7/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 250157

Date Issued 7/22/2015 **Date Expires** 7/22/2017

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* 80-005847.
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 8th day of October, 2015.

NOTARY PUBLIC

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

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