MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:05 pm, Mar 30, 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	LOCATION OF INSTRUMENT	DATE OF INSPECTION	TIME OF INSPECTION
80-006267	KCI AIRPORT POLICE	03/30/2015	10:03

CALIBRATION CHECK RESULTS

Test	g/210L	Time
Air Blank	0.000	10:09
Cal Check	0.096	10:09
Air Blank	0.000	10:10
Cal Check	0.097	10:11
Air Blank	0.000	10:11
Cal Check	0.096	10:12
Air Blank	0.000	10:12

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	MP2104	12/05/2015
STANDARD VALUE	**STANDARD SUPPLIER**	
0.100	GUTH	014220

CALIBRATION CHECK RESULT 1	CALIBRATION CHECK RESULT 2	CALIBRATION CHECK RESULT 3
0.096	0.097	0.096

MAXIMUM DEVIATION (MUST BE WITHIN 5%)	SPREAD (MUST BE .005 OR LESS)
4.0%	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	10:13
Subject Test	RFI*	10:13
Air Blank	RFI*	10:13

*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	5	0	0	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).

MARCH TEST

INSPECTING OFFICER

SIGNATURE	PRINT NAME
	NICHOLE HOWE

TYPE II PERMIT NUMBER	EXPIRATION DATE	TELEPHONE NUMBER
250065	03/10/2017	8162434000

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

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 HOWE, NICHOLE
Permit No 250065
Date Issued 3/10/2015 **Date Expires** 3/10/2017